Vol. XXVII. MAY, 1932 No. 5

Some Phases of Bacteriology and Immunity

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The subject of bacteriology is far wider and more comprehensive than might be judged from the name, for it now commonly includes the subjects of immunology and serology. One finds that nurses approach this course of study with the idea that it is confined to a laboratory and therefore is of no practical significance to them. The student should realise that nearly all of the routine procedures taught in the nursing course are based on a knowledge of the part bacteriology plays in medicine. Cleanliness, asepsis, sterilisation, etc., are practised with the purpose of eliminating the ever present bacteria. Then too, since approximately ninety per cent. of all diseases are caused by some form of infection, methods of treatment are largely determined by an understanding of the nature and results of bacterial invasion.

In teaching student nurses the writer finds that the subject of immunology is the most difficult for the student to comprehend. The problem is so vast that one may attempt to impart only the simplest of facts. The subject of immunity has developed a terminology peculiar to its many problems. Many medical men are frequently at a loss to interpret the terms and quite naturally the nurse cannot be expected to do so. Even so, some simpler and broader concepts of immunity exist and these the nurse and even the layman can comprehend.

The first contact nursing students make with these problems of immunity is when they are subjected to various tests and inoculations relative to the acute infectious diseases, such as smallpox, typhoid fever, scarlet fever and diphtheria. Every student should acquire some knowledge of the cause and effects of the inoculations, and of the purpose and value of the tests which she receives. While some students are curious enough to ask about these procedures, many do not; therefore an excellent opportunity offers itself to the doctor or nurse assistant, who is responsible for the giving of these inoculations, to impart such knowledge. At this time it would be an excellent idea for these students to be given one or two hours of instruction as to the "why and wherefore" of the procedures—or would the preparation of a paper followed by a thought-provoking quiz make a more lasting impression?

Two factors are especially concerned in the question of immunity and infection, the infective agent and the defensive forces of the body. Included in the latter are the physical and chemical barriers offered by the skin, mucous membranes and various secretions, the special cells of the blood and tissues (the phagocytes) which destroy bacteria, and the protective substances found in the blood plasma. These protective substances or antibodies include the bacteriolysins, agglutinins, precipitins and antitoxins that destroy or neutralise bacteria and their toxins. As a result of the presence of these various factors one possesses immunity.

Immunity, a state of the body's resistance to infection, may be natural or acquired. Natural immunity is a resistance to disease that one inherits, but such a state is subject to variation, the influence of apparently slight factors, such as other infections, or a change in the weather, or some degree of fatigue may at times be sufficient to alter a condition of resistance into one of susceptibility.

Acquired immunity may be "actively" or "passively" acquired. To develop active immunity the tissues of the host must produce their own antibodies, whereas in passive immunity the individual's body is the recipient of protective substances formed in, and taken from another person or animal.

Active immunity may be acquired in various ways, by an attack of the disease, or by inoculation of living, attenuated or dead bacteria, or by the introduction of bacterial toxins.

During an attack of any single one of the majority of diseases the patient develops a more or less permanent immunity to that disease. True, in certain conditions such as pneumonia the patient on occasion appears to be more susceptible following one attack; this apparent anomaly may be explained by the fact that pneumonia occurs as the result of the activity of diverse species of bacteria. Several strains of the pneumococcus are known to exist, hence a patient may be subjected to a further infection from a different strain.

The inoculation of a preparation containing attenuated living organisms or a virus, as for example the vaccine used for smallpox which produces a mild form of infection, gives rise to a definite immunity. In a vaccine of this type the virulent organisms have been rendered nonvirulent or attenuated either by passage through an animal or by artificial culturing under special conditions for varying lengths of time.

The vaccine for typhoid fever contains dead bacteria including their endotoxins, suspended, usually, in normal salt solution. Such solutions contain much the same irritating substances as the living bacteria, and produce immunisation in a similar manner but without producing the discomforts associated with the disease.

Inoculation of specific toxins have proved highly successful in the prevention of certain diseases, more especially those caused by bacteria which produce true exotoxins. Immunisation against diphtheria may be obtained by the inoculation of toxoid, a product prepared by treating diphtheria toxin with formaldehyde, this procedure renders the preparation less irritating without interfering with its antigenic properties. These preparations, vaccines or toxins, must have the ability to irritate or stimulate the body tissues so that the tissues produce protective antibodies sufficient to develop immunity. When a nurse receives typhoid vaccine or diphtheria toxoid, substances are formed in her body which are antagonistic to the typhoid and diphtheria bacillus and their toxins.

In passively acquired immunity the individual receives protective substances or antibodies that have been developed in a healthy animal, usually a horse. The animal has been inoculated over a period of time with a vaccine or a toxin. After sufficient time has elapsed for the production of the antibacterial or antitoxic substances, the animal is bled under aseptic precautions, the blood collected into a sterile container and allowed to clot leaving a clear amber liquid, the serum. The serum, after removal from the clot, is modified, a process which reduces the undesirable protein content, and after the addition of a preservative to insure

continued sterility, it is standardised into units depending upon the amount of protective substances contained in a measured amount of serum. Antiserums may be administered in order to produce a temporary immunity in those who have recently come in contact with the disease, or as is more frequently the case, it is given to a patient with the purpose of combating an acute infection.

Every nurse should be able to recognise the difference between the terms vaccines and serums. A clear definition is of value. A vaccine is a solution of attenuated living mircoscopic or ultra-microscopic organisms; a solution of dead bacteria and their endotoxins; or of toxins or any preparation that acts as an antigen. Vaccines are specific; they cause the creation of an active immunity. This immunity is developed by the host in a relatively short time. It may be permanent, that is, it remains for a life time, or it may gradually disappear with the years. For instance, public health authorities advise the reinoculation of smallpox vaccine at the end of seven-year periods, since by this time some persons may have lost their immunity to this disease.

A serum, or blood serum, the clear part of the blood that appears on clotting, contains the specific antibodies. The immunity conferred by serum is of short duration, for the body handles the serum as foreign material and eliminates it, as a rule within six weeks. However, because of the immediate beneficial results, serums are of great value in the treatment of disease. These serums are given the name of antiserums or antitoxins, for instance "Diphtheria antitoxin."

Any discussion of this subject would be incomplete without mention of the tests that are commonly employed in an endeavour to detect susceptibility to disease. The tests with which the student becomes familiar are the Schick, Dick and in some cases Tuberculin tests.

A method of determining the susceptibility of a person to diphtheria, was devised by Schick in 1913. The Schick test is made by injecting, intradermally, a minute amount of diphtheria toxin, usually on the forearm. If there is no diphtheria antitoxin present in the host to neutralise the toxin thus introduced, the tissues at this point wili become irritated by the diphtheria toxin, indicated by the formation of a red, apparently inflammatory area, which appears in twelve to twenty-four hours, and this reaction reaches its maximum on the third and fourth day. The reaction gradually subsides leaving a definitely circumscribed scaling area of brownish pigmentation which may persist for a short time. Such a reaction is called positive and indicates a susceptibility to diphtheria. But if the individual is immune to diphtheria, the antitoxins in his blood immediately neutralise the toxins injected, no irritation occurs, and we say, therefore, that the reaction is negative. As many individuals are resistant to diphtheria, having already developed antitoxins which then persist in the blood, this method affords a means of selecting for artificial immunisation only those in need of such protection. The Schick test and all other tests need to be carried out and interpreted by one experienced in the technique and the nature of the reaction.

Certain tests in older children and adults give rise to a "pseudo-reaction," this results from the undesirable proteins contained in the material injected, and not from the specific toxin. To determine if an apparently positive reaction is the result of these extraneous proteins, a control test, as it is called, is made, simultaneously with the test, and the area selected is usually above the toxin injected area, or on the opposite arm. The material used for this

purpose in connection with the Schick test is diphtheria toxoid. Also this test enables one to judge with considerable accuracy, the probable reaction of a person to toxoid. A reddened swollen area indicates a positive control test, in which case the toxin or toxoid if required for active immunisation, should be given in divided doses, thus avoiding any undesirable reactions.

The procedure and reading of the Dick test, given to detect an individual's susceptibility to scarlet fever is similar to that of the Schick test. The material injected consists of a small amount of toxin produced by the scarlet fever streptococcus, and the reading of the reaction should be made twenty-two to twenty-four hours after the injection.

In some training schools nurses are given the tuberculin test. Tuberculin is a preparation of the tubercle bacillus. There are several methods of applying the test. Recently the intracutaneous inoculation or "Mantoux" test has come into favour. If a tuberculous focus exists in the body, then the use of tuberculin is followed by a reaction. The interpretation of the reaction should only be made by one experienced in the procedure.

A practical application of this test applies to the student nurse entering the training school. If the test indicates that the young woman had not incurred a previous mild infection then she would probably be a poor health risk, as she has acquired no special immunity to the disease. Since, as yet, we have no proven method of artificial immunisation, she should not consider undertaking the strenuous and fatiguing three years' course of training, where she will inevitably come in contact with active tuberculosis. Also the young woman who shows an extensive positive reaction may be an undesirable candidate for the training school. She may have active lesions or she may have recently recovered from an attack, in which case the strain of the work during training may induce a relapse.

This paper only touches upon a few of the phases of bacteriology and immunology. Wider reading by the nurse is necessary before she can realise how fundamental these concepts are in the practice of medicine. She can appreciate, however, the reasons both for the benefits derived from the practical application of the tests and for the beneficial results obtained from the administration of serums and vaccines in the prevention and treatment of disease.

Education and Health

By ROY FRASER, Professor of Biology and Bacteriology, Mount Allison University, Sackville, N.B.

In dealing with the relation of education to health, I shall limit myself to pointing out a biological obligation laid upon us by Nature herself. That obligation demands that we fit every child and every adult for the business of living, and living is basally a very physical business.

This is the first duty of education. It is far from being the highest function, but it is a necessary prerequisite to all the higher activities and objectives of that process.

As a teacher, I am proud of the service that education—despite its faults—is rendering toward the betterment of human life. But I would be less than honest, and lacking in courage, if I did not charge our present system with being entirely inadequate in the matter of physical

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(Published by courtesy of the National Council of Education and Professor Fraser: a Dominion Broadcast, March 4th, 1932.)

education. Our schools and colleges do not prepare our pupils and students to meet successfully the physical experiences and responsibilities of life. We have largely ignored a great principle of those major prophets of education: Plato, Locke, Mulcaster, Rousseau and Pestalozzi, all of whom placed health teaching at the very foundation of education.

All education must be based on natural processes. Nature cares nothing for our system. If, by omission or commission, we ignore or violate biological law, she penalizes us according to the measure of our offence. She has three degrees of penalty:

(1) Her first penalty is the impairment of happiness in living, the lowering of efficiency in working, the perpetuation of the social injustices wrought by bad heredity and bad environment, and an enormous wastage of time and money.

(2) Her second penalty is death. She has throughout the ages sent not only individuals but whole races of the unfit to their death. It is she who first made the decree that "ignorance of the law is no excuse." Whether it be a lower animal, a child, a man, or a civilisation, the law operates inexorably.

(3) Her third penalty is more dreadful than death, for death is a clean thing and an ending. The third penalty is to be condemned, not to die, but to live! To live, with a wrecked body, a wrecked mind, a wrecked spirit; to live with your life blasted before you were born by a diseased or feeble-minded parentage; to live uselessly a burden upon the lives of others; to live pleasurelessly, barred forever from the joyous vitality of a healthy body; to live painfully, shackled by deformity and knowing only the long vigils of pain; to live hopelessly, drearily, waiting only for the turnkey of Death to unlock the prison of flesh and grant at last the mercy of release.

If you require substantiation for what I say, look about you. You have not seen these things? Then you had better make it your business to see them, for they affect a social and economic order of which you are a part. They are your business, and you are their business, and no theory of democracy, no form of government, no attitude of religion, and no system of education, can ignore them —no, nor disclaim some part of the responsibility for their existence.

For government must serve the physical as well as the political well-being of the people; democracy must postulate physical as well as social freedom; religion must reckon with biology and not attribute the results of physical ignorance to "the will of God;" and education must face squarely the physiological laws that govern learning as well as living.

If those august but somewhat myopic persons who control our educational policies knew a little more about the human body, they might be able to achieve better things for the human mind. Good hygiene is the first step toward productive learning. We might at least begin by seeing to it that every school provides healthful working conditions for pupils and teachers, and that is not the case in many of our schools today. If that offends anybody, I am at your service with specific instances.

I am not asking you to look at this matter through the eyes of science. If you were, then this address would be entirely unnecessary. Will you simply look at it through the eyes of common sense? Here are our educational institutions, of all sorts and grades, from the kindergarten to the university. They are flung across the land in thousands. Millions of young lives pass through them at a time when life is still in the making and habits are still in the shaping.

These institutions are teaching nearly every branch of knowledge under the sun. We believe that there are cultural values and helpful mental disciplines in all these subjects, if they are properly presented. But what of the practical values of

preparing young lives for meeting successfully the bodily experiences of life? We can only answer that in all this formidable and time-consuming array of subjects in the curriculum, we have given a negligible place, and often no place at all, to physical education.

The child is forced by compulsory drudgery to memorise the most interest-killing details of political history, but he is taught nothing of the history of our physical progress throughout the ages. He is taught to glorify men who were wholesale destroyers of human life; he is taught nothing of those men of science who have been its greatest saviors. He is forced to memorise the imports and exports of many countries, but he is taught nothing of those invisible imports and exports of the human body, the bacteria responsible for the vast problem of the communicable diseases. He is taught the geography of continents better than he is taught the structures of his own physical being. He is taught in trade-schools how machines are operated, but he is not adequately trained in the intelligent control of that most wonderful of all machines, his own body.

Or perhaps he may go to a theological college and become learned in the ways of the spirit, completely ignoring the fact that the flesh-vehicle of the spirit can have most profound influence on personality, character, attitude, ideals, reasoning power and even upon the ancient doctrines of free-will and sin.

In school and out of school he is taught an exaggerated respect for some of the material inventions of our civilisation, but he is not taught that that same civilisation has developed environments which are unnatural, and living habits which are unhygienic, and that we must face the biological liabilities as well as the inventive assets of our civilisation. For while man has gone forward in the control of the communicable diseases, he has not reduced but greatly increased the degenerative diseases, many of which are the direct product of modern living-habits.

But, you say, further research will solve all that. Research, unsupported by education, will not solve it. An immense amount of scientific knowledge has never been brought into practical action. Hear what Dr. Calver of the American Public Health Association has written about that: "This knowledge is stored away in textbooks and journals, hidden from the layman among incomprehensible words and symbols, and disguised with appalling statistics. The research worker has found the knowledge he sought, but we have failed to make this knowledge available for the service of mankind. The production of knowledge has far outstripped its consumption."

And what is the result? Millions of people are constantly suffering various degrees of physical incapacitation from preventable diseases. Why? There are several causes, but the chief reason is that they have not been sufficiently trained in the knowledge and disciplined in the living habits that would have helped to prevent disease.

If you are not interested in this from a humanitarian standpoint, will you listen to what it is costing us from an economic standpoint? For the following figures I am indebted to such authorities as Dr. Louis Dublin, the foremost life-insurance statistician in the United States, the president of the American Public Health Association; Dr. Stuart Chase; Dr. J. S. McCullough, chief of the Ontario Department of Health, and most particularly to a recent article by Dr. J. M. Cassidy of Toronto University.

Here are the cold facts:

In recent years, physical impairment has cost the people of the United States the sum of $75,000,000,000.

In Canada the same condition obtains in relative proportions.

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At any given time, 70,000 of the Canadian working population are absent from work owing to illness. Every year the Dominion of Canada has to spend on the maintenance of her hospitals, sanatoria and asylums, alone and not counting other medical costs, a sum exceeding $50,000,000. The annual cost of preventable disease and preventable premature death in the United States comes to $8,250,000,000. In Canada our cost of the same items comes to $1,300,000,000, of which $300,000,000 is due to preventable disease. Various authorities state that from 50 per cent. to 85 per cent. of this loss is definitely avoidable. Canada could, therefore, in any one year save at least $150,000,000 and possibly $200,000,000, which as Professor Cassidy points out, is a sum far in excess of our present national deficit, if she would throw herself whole-heartedly into the battle for the conservation of health and the reduction of preventable disease.

Education won't do it, you say. It has done it, in instance after instance, where it has been given a fair chance. Whole communities have been educated into new attitudes by the accomplishments of public health workers. For example: Hamilton, a few short years ago, in 1922, had 747 cases of diphtheria with 32 deaths. Then came a campaign of immunisation and worked a miracle, for in 1931 they had only five mild cases and not a single death! Do you think you could tell Hamilton today that the prevention of disease is only an unworkable theory or a dream?

The whole situation comes to one clear focus: that we can effect a tremendous saving of life and health and money if we want to, and education must do its share in bringing that about. With the advice and guidance of the medical and public health professions, we must establish in every grade and type of education, a continual wisely-selected and vigorously presented course of health instruction, suitable for each age range.

But, you say, are we not teaching hygiene in the schools? Yes, and I am sorry if I hurt anyone's feelings when I say that most of it is very poor stuff indeed. It has some value, but it includes much that should be left out, and it deals very feebly with things that should be emphasized and drilled into the pupil until proper health habits are firmly established. In this regard, the Junior Red Cross has rendered valuable service.

In the field of higher education, the majority of college hygiene courses are in need of great improvement. A large number of university students receive nothing that can be called an effective training in hygiene. Physical education should be not only a required course, but the very basis of higher education.

Institutional training must be supported by adult education of the population at large. Magazine articles, radio talks, and public health department literature have been of real value. Special credit should be given to the health service newspaper articles issued by the Canadian Medical Association under the direction of Dr. Grant Fleming.

All these things are good, but they are not enough. Mass education in health must be personal and direct, and requires the use of such agencies as public illustrated lectures and exhibits, and the establishment of hygienic museums of the Dresden type.

But all these methods must be supplementary, not primary. *The foundation of health education must be laid in the schools and colleges.*

Surely our educational system will no longer delay an adequate inclusion of that fundamental knowledge that is demanded by Nature, by economic necessity, and by the conservation and increase of human health and happiness.

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Sanatorium Economics

By R. E. WODEHOUSE, M.D., D.P.H., Executive Secretary, Canadian Tuberculosis Association.

I gave a paper recently before the Tuberculosis Section of the American Hospital Association and I have decided that its subject matter possibly will be the most interesting material that I can present to you this afternoon.

The report of the Health Section of the League of Nations is said to show that the mortality from tuberculosis has diminished in practically all countries in which statistical data are available. One might also conclude that the contents bear out the findings of Dr. George Ferguson in his study of tuberculosis among the Plains Indians in Canada, namely, that tuberculosis in its incidence is true to the form of many other infectious diseases in that it is epidemic as well as endemic in behaviour. It is interesting to note a remarkable parallelism in the relative fall in different countries and cities during the last quarter of a century. England, Wales, London, Austria and Vienna show declines all within a spread of five per cent., namely, between 56 and 59 per cent. The peak of mortality has not occurred in different countries at the same time. It occurred in 1871 in Scotland, 1880 in New Zealand, 1900 in Ireland and Norway, 1901-1905 in Hungary, 1905 in Czecho Slovakia, and 1909 in Japan. We in Canada have an example of its ascending in the Brant Reserve Indians, its climax, and its recession. It seems to be self-limited in its cycle, but its recession can be very materially hastened, as can most infectious epidemics, by the intelligent, earnest application of the methods of control which we have already proved to be successful.

It has always been held in our office that the best form of education in the homes, and the public in general, is the educator, not pamphlets and other printed material. The most influential educator entering the homes is the public health nurse and her sister nurse who carries on bedside work. If sanatoria are justifiable institutions, we ought to be able to convince the nurses this is so, and if we do convince you, I know you will at the opportune time and in the proper place pass on the word to the members of the public with whom you come in contact, and the public invariably are receptive to all things that you are good enough to tell them.

My opinion is that institutions for the care and treatment of tuberculosis have been the most important factor in hastening the recession of the tuberculosis death rate cycle on this continent. The sanatorium forms the keystone of the arch of helpful accomplishments in Canada. It can be proved that the secret of their success is in the segregation of open infective cases from the homes of the poor, in which usually the very high percentage of child contacts exist. Caring for those from the better homes who can pay even $10 a week for their treatment, or whose friends or societies can pay for them, is not the effective factor from a national point of view. Take every infective case out of the homes of the poor and the death rate will tumble.

How Many Beds Would This Require?

There are about *7,000 sanatorium beds operating in Canada for the care of the tuberculous. They cost annually for upkeep approximately $7,000,000, care for nearly 15,000 tuberculous annually, and have an

(A paper read before District 8 Registered Nurses Association of Ontario, Nov. 4, 1931.)

(*This number is being increased by new construction in progress to 8,300, to be operating in 1932, being more beds than deaths in Canada during a year, from all forms of tuberculosis.)

estimated replacement value of $18,000,000. Deaths from tuberculosis registered for 1930 were 8,071. Probably if a bed a death were provided for the North American Indians, whose deaths are included in the above and whose rate per 100,000 is very high, there would be a bed a death occurring each year among the balance of the population.

Some of the provinces have in excess of one sanatorium bed per death occurring each year from tuberculosis. Ontario, for instance, has 2,340 beds and in 1930 had registered 1,789 deaths from tuberculosis. Manitoba and Saskatchewan have respectively the relationship of 585:456 deaths and 705:407 deaths from tuberculosis. I believe that with the diagnostic services there are available and working very successfully, the economics of providing three sanatorium beds per death occurring each year from tuberculosis could be justified. However, within the institution of the utilities even two will be a tremendous help. Saskatchewan, with its complete diagnostic services (over 10,000 individuals examined last year in the institutions and by the institutional medical staffs outside the sanatoria and with free treatment for all, regardless of financial status) is, tentatively anyway, of the opinion that it can control its situation with the present 705 beds. Of course, its population is almost entirely rural and its death rate has consistently remained around 45 per 100,000 population.

Cost of Beds

In view of the present urgent need of increased facilities of the type we think are having the maximum effect in reducing the ravages of disease, I have always held that costs of construction and equipment should be kept at a minimum. Some of our sanatoria, like some of our public schools are ornate beyond all sane requirements. The construction should, in my opinion, be as nearly fireproof as possible. The layout of the floors should be that which provides the maximum amount of service at the minimum cost of personnel. This point is a most material one, after comparing costs of maintenance in a recently constructed institution with others carrying on under very similar conditions. The difference in maintenance proved to be forty cents a day lower in the new one, which on over 200 beds occupied means an annual saving of $32,120, or an amount equal to the interest on $642,000 at five per cent. These are cold facts. Therefore, probably my urgency for more beds per $1,000,000 spent is subject to discussion. I tried to picture satisfactory institutions at $2,000 a bed but am convinced $3,000 is necessary to provide the essentials suggested above. It is unfair to spend in excess of this, especially when money is so difficult to obtain and the urgent need is so evident.† Sanatoria have been constructed in the last three years in Canada which warrant $3,000 as a fair cost, including all essential provisions such as heating, power, laundry, culinary, x-ray, and staff accommodations. We should utilise the most satisfactory layout of floors, etc., and not have each institution allowing an architect to lay out and then experiment in each newly conceived institution. Canadian architects have already demonstrated perfect equipment for our needs and climate. Why not have other architects use the successful man's ideas by way of consultation? If the absence of diet kitchens on each floor is a source of economy, where every patient is tray fed and two dumb waiters or continuous chair conveyors of trays will solve the matter, why not duplicate it?

(†Mount Sinai Sanatorium at Ste. Agathe des Monts, Quebec, is completely fireproof, most artistic and efficient, self-contained except for nurses' home, 561,000 cubic feet, 100 beds, $2,400 a bed, including steel lockers, refrigerators, electric fixtures, etc., as well as roof adapted for open air treatment. Religious requirements increased the space requirements to double kitchen and chapel and synagague.)

Design

As to porches, the set-back arrangement of each succeeding floor is favoured but I am told it is wasteful and expensive. I am not yet convinced of this. We have several splendid examples in Canada now. I am making movie films of the exterior and floor plans of all our new buildings. It is hoped their circulation will prove helpful. There are no north exposure balconies as yet. We have closed-in balconies with movable glass ceilings which can be moved to the extent of sixty per cent. and it is estimated it makes porch use possible at least six weeks earlier in spring for sun cure and correspondingly later in the autumn. They have proved entirely satisfactory in our most northern sanatorium where snow falls in abundance. Two more very important features are the heating of wards without porches and the acoustics of the building. Plaster finish which absorbs sound and lessens noise is most important, is not expensive, and has proved scientifically and actually most satisfactory, both acoustically and from the point of view of cleanliness. The additional cost is infinitesimally small. As to heating, the steam-heating scheme of Dr. Kendall's institution at Muskoka, where in zero weather the whole front wall of windows disappears and outside temperatures prevail during the night, to be changed at breakfast in seven minutes to comfortable dressing temperature, without risk of pipes freezing, is ideal to my mind. I do not like the idea of unheated wards.

Location

Location of the institution is most important, as well as the location etc. I remember distinctly an experience in Stratford, Ontario, being requested as District Health Officer to visit the general hospital and discuss with the board plans for a tuberculosis wing. I confessed I had very little knowledge of architecture but that I thought it was most encouraging that the board should, at least, seek, before deciding finally on plans, the opinion of medical men. I asked them whether they also had asked the opinion of the superintendent of nurses and they admitted they had not. I emphasized the fact that she was the one who was going to be responsible for the economic administration of the wing of the general hospital, once it was completed, and that she would know more than even the doctors as to the best possible layout of the structure, so that it would save unnecessary steps of nurses, save unnecessary transferring of patients to bath-rooms, toilet rooms, dressing rooms, save in the cost of personnel in serving the patients if the diet kitchens were properly placed or, if, as in Saskatchewan, there were no diet kitchens and all tray fed. Cost of personnel is the important item in the maintenance costs of institutions. If the number of personnel required can be reduced, there will be a decrease in the daily cost of salaries, breakages, as well as housing and food. The next essential item is to locate the sanatorium where ample fire protection is available, where pure water is supplied under proper supervision—laboratory and engineer, where garbage disposal is cared for if possible, and where sewage disposal is inexpensive and impossible to become a worry to the medical administration, and, finally, it should be located near transportation, to make coal haulage, food, and other supplies both winter and summer as cheap as possible, and free from any interruption. This practically means location within the city boundaries and this I certainly favour, as it also makes emergency surgical requirements in general hospitals much easier and it makes the advice of other medical men outside the staff of the sanatorium easily obtainable at all times, and without inconvenience to these men who often give their services free to such institutions.

Clinical Services

It is most important for the sanatorium medical staff to have the privilege of general clinical diagnostic work, as found in an outdoor clinic service devoted to chest work. It is best that the diagnosis of cases should be carried on by members of a staff who are devoting their full time to such practice. It is particularly important that all records of examination of patients admitted and contacts in the home should be correlated in one family or household file, and that progress examinations with films should be under one envelope cover, together with the clinical and social history. The follow-up examination records of discharged cases all maintained by this same central unit presents the most hopeful organisation for this work. If the city maintains this system of records in its health department insofar as chest clinics and treatment institutions are concerned, it is entirely satisfactory, but it should be an incentive to clinical care to have duplicates of such family records in the institutions. In nearly all of our sanatoria in all of the provinces of Canada, field services are working outside the institutions, in part or in whole, according to the above suggestion. As an evidence of their influence may I quote striking figures provided by two of these, namely, Brant Sanatorium at Brantford, and the Niagara Peninsula Sanatorium. Both of these institutions carried on for years without full-time medical officers. Dr. Holbrook of the Hamilton Health Association, at our request, undertook to establish regular chest clinics in each centre. Finally full-time medical officers were appointed to conduct the clinics and care for the sick. The bed accommodations were increased in quality and also in quantity fourfold. The results of the clinics are as follows, as evidenced from the cases admitted to the institutions:

Dr. Shaver, medical officer of the Niagara Peninsula Sanatorium near St. Catharines, writes comparing the state of the disease in patients admitted during 1929-1930 from his four urban communities where chest clinics have been operating for varying periods — St. Catharines, six years; Niagara Falls, three years; Welland, three years; and Port Colborne, one year.

Classification at Admission of New Adult Positive Cases

	St. Catharines	Niagara Falls	Welland	Port Colborne
Far Advanced	20%	27%	34%	75%
Moderately Advanced	25%	33%	66%	25%
Incipient	55%	35%	0%	0%

Dr. Alexander of the Brant Sanatorium, Brantford, writes:

"To supplement these figures and to possibly give a more direct estimate of the conditions from the year 1917 to the year 1922 inclusive, 352 cases of tuberculosis were under treatment and 69 of these died. From the year 1924 to the year 1929 inclusive, 595 cases of tuberculosis received treatment and of this number 37 died."

It will be agreed that the above statements of the condition of patients admitted from the same area before chest diagnostic clinics were being operated by the sanatoria, and afterward, show conclusively a most helpful influence resulting from their conduct, so far as the public welfare is concerned.

Florence Nightingale

Her influence upon the Soldiers of the Crimea and the World at large

By AGNES TENNANT, Preliminary Student, Montreal General Hospital.

Even as a child, perhaps unconsciously, Florence Nightingale was interested in the sick. Her diary and some of her letters record in detail the illnesses in her family or among the people on her father's estate. She loved to visit the sick with her aunt, and seems to have known them all intimately. She disliked the fashionable society life that was expected of her, and when she was still very young she dismayed her parents by expressing a desire to become a nurse.

The nurses of Florence Nightingale's time were very different from those of today. They were, for the most part, untrained, unscrupulous women and it is little wonder that Florence's people disapproved so heartily of her intention. But Miss Nightingale had a much higher ideal of nursing than anyone had hitherto dreamed of. In spite of opposition, she struggled and worked and planned. She read extensively, worked in London's ragged schools and workhouses, and studied the slums in cities abroad. She spent over three months in a nursing institution at Kaiserswerth, and the experience gained there formed the foundation of all her future actions. She brushed every barrier aside. Finally her parents allowed her to become superintendent of a charitable home in Harley Street. She had been there only one year when the Crimean War broke out. Her opportunity to serve had come.

Florence Nightingale was prepared. She realised to some extent the disorganisation of the Army Medical Department and the extreme need of the soldiers. She was equipped as no other woman of her time. Not only had she youth, freedom and training, but she had the support of the public and also of Sidney Herbert at the War Office. She had ample material resources. She was desirous to serve and accustomed to command.

Miss Nightingale arrived at Scutari on November 4th, 1854. She found herself in the midst of what to us would seem hopeless conditions. "Want, neglect, confusion, misery—in every shape and in every degree of intensity—filled the endless corridors and the vast apartments of the barrack-house." Open sewers and cess-pools lay about the hospital, the floors were too rotten to clean, the walls were covered with dirt inches thick, vermin infested the buildings, and Miss Nightingale herself, who had visited practically every slum district in Europe, said that the stench was absolutely indescribable. There was practically no equipment. The cooking arrangements and the laundry were a farce. Medical supplies were all lacking. To struggle against these adverse conditions there was a mere handful of incompetent over-worked men. "There were moments, there were places, in the Barrack Hospital at Scutari, where the strongest hand was struck with trembling, and the boldest eye would turn away its gaze." Florence Nightingale and a handful of twenty or so nurses were expected to cope with these conditions. To make matters worse, most of the surgeons were hostile and suspicious. She was a woman and a pioneer and her position was a difficult ont.

Miss Nightingale possessed a great deal of good-will and ability and the doctors soon began to realise this. Because of resources placed at her disposal by friends, she was able to supply some of the necessities immediately. Towels, soap, knives and forks, and tooth-brushes were provided. She completely reorganised the kitchens and laundries. Meals

were served punctually, well-cooked and appetising, and clean laundry was known for the first time. She even provided clothing for the patients. When news came that five hundred more wounded were to arrive, she herself superintended the remodelling of an old building because no one else thought it could be done. Late every night she sat in her office and wrote letters to the friends and relatives of the soldiers and also a lengthy one to Sidney Herbert, in which she poured out her hopes, difficulties and triumphs. She supervised all the nurses and military hospitals in the Crimea. Besides this she encouraged the soldiers to save their money, provided savings banks, and spent long hours in bookkeeping for them. It would seem that these duties would more than occupy any one person's time, but Florence Nightingale endeared herself to the soldiers and to the whole world by her attitude toward the suffering. She was busy, but where suffering was worst or encouragement needed, there, as if by magic, she appeared. Her equanimity, her sympathy, her gentleness and her dignity made her beloved of each soldier.

Miss Nightingale returned to England ill. She was ill for practically the rest of her life, and yet, during her illness, she devoted all her energy and devotion to work which has become immortal. She was haunted by a picture of disorganised military hospitals. Her work at Scutari had given her knowledge, power and reputation. She felt that the most urgent and obvious task was to look to the health of the army. She obtained the support of Queen Victoria, Sidney Herbert, and others in authority, but always she had to combat opposition from those who were obstinate and short-sighted. She finally succeeded in having a Royal Commission appointed to report upon the health of the army and then, much later, 1859-61, the actual reforms for which she had longed were introduced. The barrack hospitals were remodelled. They were properly ventilated, warmed and lighted. The water supply was modernised, and kitchens installed where it was possible to cook. The purveyor's duties were accurately defined. The medical statistics of the army were reorganised, an Army Medical School established, and the Army Medical Department organised in such a way as to look after both the health and sickness of the soldiers. Miss Nightingale also tried to reform the War Office. This she never accomplished, but she saw that a Sanitary Commission in India investigated conditions there.

At the same time she was beginning to bring her knowledge, influence and activity into the service of the country at large. In 1859 she completed "Notes on Hospitals," which revolutionised the theory of hospital construction and management. "Advice flowed unceasingly and in all directions, so that there is no great hospital today which does not bear upon it the impress of her mind." Nor was this all. With the opening of the Nightingale Training School for Nurses at St. Thomas's Hospital in 1860, she became the founder of modern nursing. This involved initiative, control, responsibility and combat. Later on she carried out more general reforms in infirmaries and work-houses.

Florence Nightingale worked when the doctors said it would kill her if she went on. She seemed indefatigable, but it was her enthusiasm and mania for reform that made her work possible. Her foresight produced modern nursing, and the world, especially the nursing world, owes more than it will ever realise to Florence Nightingale. Her example is an inspiration to us, not only to live up to her ideals, but, even though we cannot succeed in the measure that she did, to try to advance nursing science and art as she tried.

(Reference: "Eminent Victorians," by Lytton Strachey.)

Department of Nursing Education

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A Suggested Plan of Health Service for a Hospital and School of Nursing Personnel

By MARION LINDEBURGH, Assistant Director, Teaching in Schools of Nursing, McGill University, Montreal, Que.

The formulation of a health service programme for a hospital and school of nursing personnel is one of theory, rather than in relation to any existing programme which could be taken as a basis for analysis, and evaluation.

Certain recognised hospitals have established some type of health service for their employees, but largely in the nature of care during illness rather than as a programme of prevention and health promotion. The positive aspects of health are receiving the major emphasis in all well-functioning community health organisations today, but the hospital seems to have lagged behind in assuming responsibility in regard to these wider implications of a modern health service for its working members.

In the last fifteen or twenty years the health of the worker has become recognised as a very important factor in the promotion of national prosperity, and this has been strongly reflected in the industrial field. Statistical reports indicate a high correlation between the health of the worker and increased production, and it is reasonable to assume that this economic value is the major objective in the organisation of a health service in any industrial institution. The relationship between health and production has become so well recognised, that there has been a greater advance in health maintenance in industry than in any other field during the same period of time. Such an appraisal does not mean to suggest a total indifference on the part of employers in other fields, but it does suggest that much more can be done in improving the type and the scope of service which exists in many institutions at the present time.

The new conception of the term "hospital" as a health motivating agency cannot fully merit such function unless it extends its health facilities to those members of its community who work within its walls. With medical and nursing facilities so easily available the hospital should surely demonstrate a type of health service at least equal to any recognised health service which exists in other community institutions.

It is not the purpose in this brief proposal to go into details of the smaller and more technical administrative adjustments which naturally would vary in pattern in different situations, but rather to suggest a general plan of organisation and function to serve as a working basis.

The successful function of any department can be thought of in terms of its centralisation and the efficiency and co-operation of its personnel. Such criteria can be equally applied to the organisation and function of any health service. Therefore, in function, one might think of a centralised office under the direction of a competent head, and with a service so planned as to take care of all members within a hospital organisation. However, in actual analysis it may seem advisable and more expedient to separate the health service for student nurses from that for other hospital departments. This suggestion is made not only because in so many instances the nurses' residence is a separate unit, and removed somewhat from the main hospital building, but because the school of nursing, although a de-

partment of the hospital, is in itself an educational institution, and is therefore demanding of a student health service similar in character to the type which is being maintained in many academic and professional schools at the present time.

In the hospital proper, the service should be organised to provide for systematic examination, and to meet the daily health needs of all employees in the several departments. In suggesting the best organisation to meet this situation certain specific factors should be considered: firstly, the extent and nature of the service; secondly, the type and number of personnel; and thirdly, adequate office facilities.

The initial health examination of every new member employed should be imperative. It has been the practice in many fields of employment, and a somewhat universal practice in certain professional schools that the applicant present a certificate of health signed by the family physician. Such a procedure has not, up to the present, been satisfactory. To a very large extent this has been more or less a formality on the part of both the physician and the applicant—another "form" which must be filled out and signed to meet the request of authorities. This apparent lack of co-operation can be explained by the fact that the medical profession as a body, as well as the nursing profession and other intelligent groups, have not as yet the fullest appreciation of the place and significance of the health examination as a determining factor in the personal qualifications of all individuals in service. A request for an examination by any person in apparent good health should be given as serious consideration, and should be as thoroughly performed as one relating to a diagnosis of the sick. This elaboration is merely to emphasize a principle, that a health service should provide for the initial examination of all applicants rather than that any statement from without should be accepted.

The main features of a health examination, as determined by the physician, might be covered under the following headings:

1. Weight in relation to nutrition standards.
2. Examination of heart and lungs.
3. Examination of nose and throat.
4. Test of vision and hearing.
5. Dental inspection, with particular attention to condition of gums.
6. Blood count.
7. Urinalysis.
8. Immunisation—smallpox and typhoid.
9. Postural defects—spinal curvature, flat feet, chest expansion.
10. Habits of living—having a direct bearing on health.

Emphasis of certain aspects of this examination may vary in relation to the department in which the applicant is to be placed: that is, a physical disability might totally disqualify an applicant for one department but not for another. This decision should be made by the examining physician in agreement with the head of the department concerned. The point might be made here, that should the hospital agree to accept an applicant with a constitutional defect, it will not be expected to care for that employee indefinitely, should the condition unfit the individual for work while employed by the hospital. As to whether all applicants should have a Wasserman test would be a question for those in authority to decide; suspicious cases should be checked, and all food handlers should be given a rigid examination and subjected to more direct supervision.

It is worthy of mention that a certain period of hospitalisation time is granted employees in many hospitals, with salary, and some type of contributory "sick benefit" which provides for longer periods of illness is as valuable a provision in hospital institutions as it is proving to be in many commercial and industrial firms.

A periodic health examination should be provided at least once a

year. This differs in purpose from the "inspection" character of the initial examination in that it should be in the nature of "supervision." It should be considered as a method whereby the individual's health status could be noted from time to time.

The second general consideration as above suggested is "personnel." The nature of the health examination demands the services of a member of the resident medical staff. Who should contribute this service, and the most efficient plan of organisation throughout the year, could best be decided by the superintendent in conference with the head of the medical staff. It would seem that daily complaints of employees could be cared for in the Out-Patient Department, but here there are opposing economic factors to be considered. By this method the service of the doctor would be conserved for regular hospital responsibilities, but the time it would take for the employee to go through the clinic would mean time away from his work and an economic loss to the hospital. However, in small hospitals the plan would be suitable. The physician might need an assistant during the time periodic health examination is undertaken; it would depend upon the amount of time he could give to the service and his plan of organisation for accomplishing these examinations during the year. In any case, a nurse would be needed in this service. She could take the family history, record weight, and do the tests for vision and hearing, if the ordinary objective tests as undertaken by nurses in school health work and other public health fields are used. In some services the nurse also undertakes the dental examination, referring suspicious cases of pyorrhoea or other signs of focal infection to the doctor. However, when there is a physician in charge it would seem advisable that he should undertake the examination, the nurse doing the "follow up," where correction of the defect or some treatment is advised by the doctor.

The third consideration is office facilities. The location of the health office should be so planned as to be most accessible to, and in close contact with, essential clinical facilities. For instance, scales might not have to be purchased if those of an adjacent department could be used. On the other hand, if they are provided within the health office, all members can be encouraged to record their weights frequently as an index to health. Three small rooms would be most adequate, consisting of a waiting room, office, and dressing room. However, less space need not handicap the quality of service to any great extent.

Health records for each individual should be kept up to date. Space on the card should be allotted to record social and medical history, a detailed account of the health examinations, visits to the health office, the difficulty and the treatment.

Dr. Wood, of Columbia University, who is considered a great pioneer in Health Education, and who was one of the early advocates for health examination and organised health programmes, suggests that individual and community health is bound up in three major provisions: namely, health examinations, healthful surroundings and health education.

Such criteria might well apply to any efficient health service. In this treatment the first essential has received its emphasis, and some space must be given to a brief consideration of the other two suggestive factors.

In view of the fact that many a large percentage of the hospital personnel live within the institution, consideration should be given to making their surroundings as conducive to health and happiness as is possible. The traditional idea of placing the "Maids" quarters in a part of the building (often the basement), ill suited for anything else, does not suggest sufficient personal interest in the worker. Favourable conditions of air, sunshine, and adequate toilet and bathing facilities should be minimum

essentials. Rest rooms are particularly recommended for off-duty hours and relaxation during the lunch hour.

Food service is an important health factor, affecting every one in the hospital's employment. Frank E. Chapman, in his book "Hospital Organisation and Operation," states, "in no time should the problem of the dietary department in satisfying the tastes of the personnel be belittled. In an institution which is a home to a larger proportion of the personnel there is no opportunity to cater to individual likes and dislikes, therefore there is a large proportion of dissatisfaction." The author discusses the problem of individual "tastes" and suggests a cafeteria service as a possible solution. In viewing the problem from a "health" point of view one can see certain difficulties ahead in attempting to impose an adequate diet, which may be contrary to "tastes," nevertheless in the final analysis the fundamental basis upon which a food service should be organised should be in relation to health requirements, whether for the sick or the well. The cafeteria plan or some modification of it, whereby a certain menu could be maintained, at the same time affording some choice, would be an improvement on the "service" system where much food is wasted because of no opportunity in a choice of meats, vegetables or fruits. Such a plan should of course be under the scientific direction of a qualified dietitian.

Health education, as the third provision of an adequate service, suggests some type of incidental or systematic instruction. Just how a teaching programme could be most fittingly incorporated into a hospital health service is a problem deserving of liberal consideration. The main objective of such a programme would be the development of a health conscience, involving responsibility to self and others; for instance, an individual in reporting a symptom of illness to the health office should do so in the realisation of the fact that he owes this attention to himself, and that he is safeguarding the health and welfare of others. Experience has shown that in the health control of a large body of students where health instruction was given early in the term, emphasizing personal and social responsibilities and setting forth a plan of procedure in co-operation with the health office, that communicable disease could be reduced to a mere minimum by the conscientious reporting on the part of the students of possible "exposures." It means in many instances the exclusion of one or more students for the particular period of incubation, but it conserved the attendance and health of the school as a whole. Mention is made of an actual situation only to prove and to emphasize by a concrete illustration, the effect of instruction in the development of desirable health attitudes, among any group of people.

The doctor and the nurse in the health service should take every opportunity to give purposeful health instruction during the office visit. The "follow up" function of the nurse affords friendly contacts, and further opportunity for giving the specific type of instruction best suited to individual needs.

Printed health materials can be prepared and circulated to stimulate interest, to improve health practice, and to promote co-operation. The small pamphlet or poster type of material is desirable — avoiding the use of any lengthy exposition which provokes the reaction "not time enough to read." The following is a copy of a small poster that is distributed by a particular health service for the benefit of residents:

"HEALTH SERVICE"

"This service is for you."
"Do not neglect to come if you are concerned about your health."
"You owe it to yourself"
"You owe it to others."
"Our service will assist in
Preventing illness
Promoting your health."

Another suggestion of a different type of psychological appeal is as follows (an analysis chart to stimulate interest in personal health):

"What is my health worth to me?"
"What would added years of earning power be worth to me?"
"What advice did the doctor and nurse give me at my last health examination?"
"Did I carry out the instruction?"
"When did I have my last dental examination?"
"Did I carry out advice?"
"How much less has it cost me for dental repair this year?"
"When do I intend to have another dental examination?"
"In what respects have I improved my health?"
"In what respects have I helped others?"

Perhaps there is no other department where the need of a "health conscience" and favourable health practice is so essential as in the dietary department. Members of the kitchen staff, who are preparing food for others, should maintain certain standards of personal health practice which will safeguard the health of others. A vivid recollection is of a kitchen chef who habitually blew his nose on his apron, without any conception of the extent to which he had violated the laws of health. One refrains from thinking of the multitude of non-intelligent individuals, with no appreciation of health values, who are busily engaged in the preparing of food. The dietitian, because of her close contact with the kitchen workers, and her special and scientific education, seems to be the appropriate person to undertake some form of incidental or systematised teaching.

The following "Don't" slogan, as planned for restaurant workers, is simple and appealing:

"Don't go into kitchen without clean hands and finger nails."
"Don't wipe hands on coat or trousers."
"Don't handle food with hands when fork or tongs can be used."
"Don't taste food while preparing it."
"Don't cough over food."
"Don't forget to wash hands after visiting toilet."
"Don't neglect these rules."
"Don't say 'I never read them'."

(Concluded in June number.)

Survey Report Studied

At the April meeting of the Montreal General Hospital Alumnae Association, to which all nurses in Montreal interested in the Survey Report were invited, Dr. A. T. Bazin delivered a most interesting paper, which covered the entire report. Stevenson Hall, in which the meeting was held, was packed to overflowing, it being estimated that approximately 400 registered nurses, representing all the English-speaking Nurses Alumnae Associations of Montreal, also several of the French-speaking groups, and many others, were present.

A very lengthy question-box period followed Dr. Bazin's marvellous paper, during which the entire group present participated.

Montreal nurses realise their good fortune in having Dr. Bazin to help and advise them on many points concerning their service to the community, but his method of clarifying the high lights of the Survey Report, his sympathetic understanding of the problems confronting the nursing profession at the present time, and his belief in better education of all nurses proves the nurses' stronghold of defence against destructive criticism, for he can show them in his own inimitable way where their duty lies, and will assist them to carry on and aspire to greater things. — E. F. Upton, President, Montreal General Hospital Alumnae Association.

[Editor's Note: Copy of Dr. Bazin's paper was received too late for publication in this issue. It will appear in the June number.]

Department of Private Duty Nursing

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An Outsider's Reflections on Nursing

By EDITH A. DAVIS, North Sydney, N.S.

Like most other things in this strange and interesting world, nursing falls into three classifications: the good, the bad and the indifferent. But beyond these distinctions, the existence of which any experienced person will admit, there are the professional and the home-made varieties, and it is with nursing as it falls into these orders that this article has to do.

This is a day of specialising, and every trade and profession has its efficiency experts. To this rule nursing is no exception, and nurses, although they must be born as such, are made also. Every hospital has its training school, which yearly turns out a class of registered sick-bed attendants, armed with diplomas and vested with caps of authority and prepared to go about the world taking temperatures, making beds and shaking bottles, and qualified to cut and slash according to the latest prescribed methods. These graduates know what to do upon entering the sick room and how to do it. Their spotless, rustling uniforms—yea, even the smell of starch—fill their patients with awe and themselves with confidence.

The manner in which healthy young people devote themselves to the care of the sick, the suffering and the helplessly afflicted is one of the finest things in human nature. Truly Florence Nightingale lit a lamp whose rays reflect light and glory upon our world. To usher citizens into the world, and out of it, and to care for them during the interim through "all the ills that flesh is heir to," is an occupation which requires skill, special training, and, more than either of these, good, solid everyday commonsense and kindliness.

The nurse who spends her time within the walls of an institution has much in her favour, for there she finds system, cleanliness, and the proper things to work with. Not so with her sister of the "going-about" orders of her profession. Into the depths of the slums she penetrates, and, going from house to house, she deals with people of every race, colour and character. She confronts Life in all its aspects, and meets many odours, not necessarily of sanctity. Through every kind of weather she cheerfully makes her way to her various destinations, seeing in any given day the good and evil of human composition, and confronting situations ranging from the tragic to the ridiculous. Up crooked streets, into back alleys, as well as to the houses of the better-to-do she carries her healing and soothing powers. It is the nurse's tragedy that she deals only with sick people and upset households.

Closely allied to the trained nurse, yet in many ways far removed, is the home-made article. She is unregistered, and a member of nothing but a family or neighbourhood. She is called upon at a moment's notice to step into the breach and take care of sick relatives or friends. This is a decided disadvantage, because over such she has no authority. She is supposed to be a combination of Florence Nightingale and Cinderella. She generally works with all the modern inconveniences, and spends much time in walking around low, old-fashioned beds or improvising back-rests, air-cushions or bedside tables, without the proper materials. She may have all the work of the house to do, so that her day is one long succession of sandwichings.

To see a family through a seige of influenza, for instance, requires all the skill of mankind, the patience of saints, as well as the persistence for which the lower angels are noted. If it could only be arranged for the whole family to take to their beds at once, instead of succumbing one by one, it would be easier for the poor nurse, whose brains and hands must carry on two sets of activities. See her at the day's work. When she has lit the fire and fried the bacon and eggs for the family breakfast, she runs upstairs to get her patient washed and ready for the day. Downstairs again to prepare a dainty breakfast tray she may have encounters with the milkman, the grocer's boy, the laundryman and the postman. When she is halfway upstairs with the tray the telephone rings, and down she comes to inform somebody that they have the wrong number. The tray delivered at its destination, a spoon is found to be missing, and down she goes for the missing article. By the time the patient's room is set to rights the mind must suddenly switch itself to the family dinner arrangements. To this end the nurse must now make two desserts, one of hearty proportions and one of invalid-like lightness; while at it, perhaps, a little soup for the patient. By this time the dishes have accumulated, as is their wont, overflowing the table into the sink. However, they can always wait, and do. The coal-scuttle likely stands empty, so she decides to kill two birds with one trip to the basement and to take up the ashes at the same time. Once into the basement and wrestling with the powers of dirt and darkness, she begins to operate on the furnace and make a job of it. At this time the doctor arrives, and on the way to the front door she must transform herself from a fiend of the lower hell into a ministering angel!

In the sickroom she listens politely to the doctor's cheerful remarks, and memorizes his instructions carefully, wondering at the same time if he will go before the things on the stove begin to boil over. He probably leaves two prescriptions to be filled out "right away," and she enters into a rapid-fire calculation with the clock and decides that it cannot be done before dinner.

There are times when the nurse feels worse than the patient, and when, in order to get around, she must get behind herself and push. However, on she goes, and, so strange a thing is human endurance, no matter what she feels like in body or mind, she generally has a joke ready for the sick one. The only minute she has to herself may come perhaps about midnight, when, the patient tucked in, the milk bottle put out, and all things smoothed away for the night, she sinks into bed for a few minutes' read before turning out her light. Sometimes she is too tired to go to sleep, but more often she wants to switch her mind to something on the funny side. And then (for she is never off duty) she goes to sleep with two ears up, in case of a call.

The hardest part of caring for members of one's own family is that one is more relative than nurse, and set on no particular pedestal. They realise that the nurse is only the same person as when they are well.

Now, whether a nurse be trained or home-made, there are some general rules which she must observe or her work will be of no avail. In the first place, she must consider her patient first and foremost, for to be kind and unselfish is the first tradition of nursing. If a nurse should glance into the mirror every time she pasesd on her way to the sick bed, or stop to powder her nose, she would not inspire the patient with any particular idea of confidence. Sick people need to be cheered up as much as anything, and when a nurse says, "Your temperature is a little higher this morning. Oh! I hope I didn't frighten you!" she has delayed the cure.

Commonsense is an essential above all things. If a woman has saved up

for ten years to buy an expensive dressing-table her temperature will jump, along with her temper, if, when she is ill, someone stands a dripping glass or a cup of hot beef tea on it. If a patient has no appetite it may be coaxed along with a dainty bowl of soup, but never with a quart of fish chowder.

Another excellent thing in nurses is an attitude of professional secrecy regarding their cases. People either do not wish their symptoms discussed at all or they want the pleasure of doing it themselves.

If sick people want a thing they want it without fuss, and then they generally want to be left alone. It is not good to be always changing sheets and sponging the face, when the patient wants rest or perhaps a good cup of tea. A sense of cheerful repose is greatly to be desired in a sick room, and this cannot be obtained where there are continual goings-on. Rest is above all, for it is often want of it that has sent the patient to bed. "Save the strength to fight the fever" is a wise doctor's watchword.

The reward of nursing is not in the salary altogether, for, as a great writer has said, "To have done anything by which we have earned money merely is to have been idle and worse." The extra little acts of cheer and kindness are what make the nurse successful beyond the confines of remuneration. It is indeed a satisfaction to feel that it has come one's way to help to cure the sick, to ease the way of the afflicted, or even, putting it in Kingsley's homely way, to "help lame dogs over stiles."

All honour to all nurses, who, in every variety of circumstances, go about the world, each holding aloft her little lamp of healing, the rays of which reflect the light which Florence Nightingale started, and which shall not go out while civilisation lasts.

The History of Nursing Society, Montreal

The History of Nursing Society of Montreal held a meeting at the Montreal General Hospital on Monday, April 4, 1932. The Society was fortunate to have present, Dr. Maude Abbott, Lecturer in History of Nursing, School for Graduate Nurses, McGill University. Dr. Abbott still continues to show a deep interest in the work of the Society.

The programme was both interesting and instructive. A letter, written by Florence Nightingale, in pencil, to Dr. Campbell, of the Montreal General Hospital, was read and exhibited by Dr. Abbott. In this letter Miss Nightingale expressed her interest in Miss Machin, one of her graduates then at the Montreal General Hospital. This letter was written in 1876.

A short but interesting paper on the History of the Hospital of Notre Dame in Montreal was read by Miss Frances Upton.

The School of Hygiene of the University of Montreal has taken for its patron saint, St. Elizabeth of Hungary. Mlle. Martin, student at the School of Hygiene, read a paper on her life.

Mrs. De Hueck, student in the School of Nursing, Montreal General Hospital, delivered a short talk on "Nursing in Russia." This proved exceptionally interesting as Mrs. De Hueck gave her own personal observations.

Further papers were: "The Story of St. Ida," by Miss LeCompte, and the History of the Children's Memorial Hospital, Montreal, by Miss E. Hillyard.

The Society has collected considerable material on nursing during the course of its existence in Canada. It is to be found in the Medical Library at McGill University, and should be distinctly useful for the compiling of a book on History of Nursing in Canada.

Department of Public Health Nursing

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Public Health in New Brunswick

An encouraging report of development in the Department of Public Health in the province of New Brunswick for 1931 was presented recently to the Legislature.

In part, the report states that "The death rate from tuberculosis was the lowest in the history of the province; not one case of smallpox was reported by the health officers; diphtheria showed a slight decline; typhoid figures were the best in the history of New Brunswick; scarlet fever showed a marked decline in cases and death rate; but three deaths were attributable to infantile paralysis, and infantile mortality was the lowest ever recorded in the province."

Tuberculosis: The decreased mortality rate from tuberculosis is probably due to the cumulative efforts of the past decade. The segregation of "open" or infectious cases in institutions, the finding of early cases through the diagnostic service, the education of the public through this service and also through the nursing services, the general improvement in health of school children through the medical inspection of schools—all these are beginning to bear their fruit.

Diphtheria: There was a very slight decline in the number of cases, with total deaths from diphtheria, in 1931 when compared with 1930. This disease has throughout the past few years increased both in frequency and severity throughout North America, and New Brunswick has felt the effects of this "wave." Protection through the use of toxoid has been made available to all children. In the past three years approximately 43,000 children of school age and younger have been inoculated free of charge under the supervision of the Department of Health.

Typhoid Fever: The report stresses the need for greater sanitary control, particularly of water and milk supplies, of the urban and rural areas, as a comparison of death rates from typhoid showed that the rate for all towns was almost five times greater than that for the combined cities, while the rate for the purely rural area was more than twice that of the cities. For the fiscal year there were one hundred cases of typhoid with thirteen deaths, or a death rate of 3.1 per 100,000 population. These figures are the best on record for New Brunswick. The report points out that although much can be done by an efficient health department to limit typhoid after it occurs, yet such results are of far less value than efforts put forth toward making the occurrence of such outbreaks impossible.

Smallpox: During 1931 there was not a single case of smallpox in New Brunswick. The eradication of this loathsome disease may be attributed only to the general vaccination of school children, which has been made possible through the medical inspection of schools. In the past twelve years over one-quarter of the population of the province has been successfully vaccinated.

Institute of Public Health
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Statistics in the report show there were twenty less deaths from cancer than in 1930. Diseases of the heart continue to hold first place in causes of death, with pneumonia second and tuberculosis third.

The birth rate shows a slight increase over the past two years; total births registered were 10,534, or 24.9 per 1,000 population.

Medical Inspection in Schools: The number of pupils examined in 1931 exceeded that of 1930 by 17%, and a decided increase in the effort of parents to overcome defects reported in their children has been noted. Inspection was made in 250 more schools in 1931 than in 1930, and of the total defects found 50% were dental and 27% nutritional. The total free vaccinations were 27% greater than for the preceding period. Since the establishment of medical inspection in New Brunswick there have been almost 118,000 school children vaccinated.

Infant Welfare: There are five nurses in public health work in New Brunswick devoting their efforts almost entirely to infant welfare work, including pre-natal, with a lesser amount of tuberculosis follow-up and some school nursing. The nature of this work is naturally educational, and with the limited funds at their disposal an effort has been made to apply this service where it is most urgently needed, i.e., where the infant mortality rate has been highest. Education of the mother as to proper care of her child and the best ways of avoiding those conditions which are inimical to its well-being, especially in its first two years, will eventually not only lessen the present altogether too large sacrifice of infant lives but will also lay a surer foundation for future health, which will be productive of a sturdier and happier population in years to come.

The generalised nursing service carried on by local health committees and the Victorian Order of Nurses is likewise producing a beneficial effect in furthering the education of young mothers. The tentative rate of infant mortality indicates the best record ever attained. Does anyone doubt the potential value of the programme of the Department of Health?

The Canadian Public Health Association

The twenty-first annual meeting of the Canadian Public Health Association will be held on May 25, 26, 27, 1932, in the Royal York Hotel, Toronto, Ontario.

The Public Health Nursing Section will hold a session on Friday morning, May 27th, commencing at 9 o'clock, when the following programme will be presented.

I. Summary of the Chapter on The Public Health Nurse, from the Survey of Nursing Education in Canada, by Miss M. Moag, Victorian Order of Nurses, Montreal, Quebec.

II. The Psychiatrist Looks at Public Health Nursing, by Dr. W. T. B. Mitchell, Director, Mental Hygiene Institute, Montreal, Quebec.

III. The Private Physician Looks at Public Health Nursing, by Dr. A. M. Jeffrey, Toronto, Ontario.

IV. The Public Look at Public Health Nursing, by Mrs. H. P. Plumptre, President, Toronto Branch, The Canadian Red Cross Society.

V. The Public Health Nurse Looks at Herself, by Miss B. E. Harris, Oshawa, Ontario.

On Friday afternoon, at 4.00 p.m., the Public Health Nursing Section of the C.P.H.A., in conjunction with The Community Health Association of Greater Toronto, will give a Tea at the Royal York Hotel, at which Dr. Haven Emerson will be a guest and speaker.

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Reports of Annual Meetings

ALBERTA

The annual meeting of the Alberta Association of Registered Nurses was held on March 22 and 23, 1932, in the Masonic Hall, Edmonton. Miss McPhedran, president of the Association, opened the convention and about one hundred members were present. Delegates from Calgary, Lethbridge, Medicine Hat, and a large proportion of the schools of nursing in the province were represented.

President's Address: Miss McPhedran stressed the national importance of the Survey and indirectly the importance that it would be provincially. Among the things that Miss McPhedran touched on of provincial interest were the unemployment among nurses; the senate of the university regulations outlining the increased bed capacity to one hundred for schools of nursing in the province, also the establishment of an Inspection Committee for training schools. Alberta's approach in dealing with the inspection of training schools is slightly different to that of other provinces, recognising the fact that three factors exist in every school of nursing—medical, nursing and the laity. Therefore, a committee of three, representing these groups, has been appointed to make the inspection, whereas British Columbia, Ontario and Quebec have a nurse inspector for their schools of nursing.

The guest speaker, Miss Jean Browne, secretary of the Joint Study Committee of the Canadian Medical Association and the Canadian Nurses Association, addressed the convention twice and again at two separate luncheons, the subject of her addresses being the Weir Report. Her discussion on the Report was most interesting. She approached the Survey from many angles, and gave her audience a closer grasp of this extensive piece of work done in connection with nursing education.

Dr. Barager, Commissioner of Mental Institutions and Director of Mental Health, and Miss C. Lynch, Superintendent of Nurses, Provincial Mental Hospital, Ponoka, discussed the Survey Report from their respective angles—Training Schools for Nurses in Mental Hospitals.

The future location of the National Office was discussed, and a resolution passed to the effect that the Association favoured the establishing of the National Office in Montreal.

Subscriptions to *The Canadian Nurse* and some way of increasing subscriptions from Alberta were dealt with.

A delegate was appointed to attend the C.N.A. general meeting in Saint John, N.B., June 21-25.

Committee Reports

The Public Health Committee reported that a special effort was being made to increase the subscriptions to *The Canadian Nurse* and that arrangements had been made for the purchasing of new books of interest to the Public Health Section.

The Private Duty Committee brought in a splendid report dealing with unemployment of nurses, and in conclusion described the Benefit Loan Fund which has been raised by subscriptions from nurses in permanent positions throughout the province. This fund is safeguarded by a committee whose duty it is to grant loans to nurses requiring aid under the present economic conditions.

There was a brief report from the Nursing Education Committee.

In Miss McPhedran's report from the senate of the University of Alberta, she stated that certain regulations governing the inspection of schools of nursing were submitted to the senate of the university and ap-

proved by them in December, 1931. An Inspection Committee was appointed by the senate of the university to conduct the inspection of schools of nursing, consisting of Miss Eleanor McPhedran, President of the A.A.R.N., and a member of the senate of the University of Alberta; Dr. J. J. Ower, Provincial Pathologist, and Professor A. E. Ottwell, Registrar of the University of Alberta. The selection of this committee represents the nursing group, the medical profession and the laity. It is expected that the committee will function very shortly.

The committee on the revision of the Registered Nurses Act and By-laws, presented several recommendations for changes and corrections in the present Registered Nurses Act which were approved by the convention.

It was decided that in future the annual meeting should be held in the spring of the year, rather than the autumn, as formerly.

ONTARIO

The annual meeting of the Registered Nurses Association of Ontario was held in Ottawa, March 31st, April 1 and 2. About 350 delegates registered, and the programme for the three days centred about a discussion of the Report of the Survey of Nursing Education in Canada from various angles.

On the first morning invocation was pronounced by the Reverend Channell G. Hepburn, and following addresses of welcome by His Worship, Mayor Allen, Reverend Father A. E. Armstrong and Dr. Warren S. Lyman, routine business of the opening session was conducted and reports of standing and special committees read.

An interesting report of the activities of the Council of Nursing Education was given by Miss E. MacPherson Dickson. Among the points stressed in the report were the following:

(1) Ontario has now an official list of approved schools of nursing.

(2) At the November, 1932, examinations only candidates from approved schools will be permitted to sit for the examination of registered nurse.

(3) Demonstration of nursing technique was made a failing subject at the November, 1931, examination.

(4) Records of the inspection of schools of nursing show a marked improvement in the preliminary educational standing of students presenting themselves for examination.

(5) Adequate staff for supervision of nursing care in student training has been provided by many hospitals in order to meet the requirements.

(6) Fourteen hospitals out of the fifteen 50-bed capacity class have discontinued their schools, and their students, then in training, were placed by the inspector of schools of nursing to continue elsewhere.

At the close of the afternoon a party was conducted through the Parliament Buildings by special permission and arrangement of Col. H. G. Coghill, Sergeant-at-Arms of the House of Commons. Pausing for a moment at the Nurses' Memorial, Miss Mary Millman, president of the Association, placed a wreath.

A banquet was held Thursday evening, at which the speaker was Dr. Stewart Cameron, of Peterboro, chairman of the Joint Study Committee on Nursing Education in Canada. Dr. Cameron's address was most thoughtful and stimulating, and gave in clear and interesting manner the historical background of the Survey and the implications of its findings. Dr. Cameron was introduced by Miss Elizabeth Smellie, Chief Superintendent of the Victorian Order of Nurses for Canada, and thanked on behalf of the Association by Miss Marjorie Buck, Superintendent of the Simcoe Hospital.

Friday was devoted in entirety to section meetings. At the Private Duty Section Dr. Stewart Cameron led discussion on the Survey as it relates to private duty nurses.

In the Public Health Section an interesting paper on "The Industrial Nurse in Relation to Public Health" was given by Miss Hazel Latimer, of the E. B. Eddy Company, Hull. Miss Latimer referred to her previous experience as a Victorian Order nurse being of considerable help to her in vizualizing the home background of employees which was so necessary to adequate handling of the various problems encountered. Frequently the entrance of the nurse into industry was through the first aid room, but the work did not stop there by any means, Miss Latimer said. The nurse in industry was a teacher of health, charged with the responsibility of interpreting the laws of prevention in accident and illness among the employees.

A splendid paper on "The Advantages and Disadvantages of the Exchange System of Teachers" was given before the Nurse Education Section by Miss Helen Cowie, M.A., of the Ottawa Collegiate Institute staff.

At the afternoon session on Friday section meetings were continued as open meetings. In the Private Duty Section several papers were given. Miss Isabel MacIntosh, of Hamilton, summed up the chapter in the Survey on "The Private Duty Nurse." Chapters on "The Appraisal of the Patient," "The Nurse and the Public" and "Supply and Demand" were ably handled by Miss Jean Church, of Ottawa, while Miss Grace Mitchell, of Toronto, summarised the chapter on "Nursing Registries."

At the Public Health Section open meeting, Miss Edna Moore, Chief Public Health Nurse, Division of Child Hygiene and Public Health Nursing in the province of Ontario, gave an excellent and comprehensive summary of the section of the Survey dealing with public health and public health nursing.

At the close of the afternoon session Miss Gertrude Bennett, Superintendent of Nurses of the Ottawa Civic Hospital, and her staff entertained at a delightful tea at the Nurses' Residence.

On Friday evening Professor W. C. Clark, director of the Department of Commerce and Administration, Queen's University, gave a thoroughly interesting resumé of "Current Economic Problems." Professor Clark spoke from a wealth of practical experience in the realm of economics, and had the happy knack of making his listeners feel thoroughly at home in his subject.

A unique feature of the evening's programme was the performance of the Ottawa Civic Hospital Glee Club. In daffodil coloured gowns with purple head bandeaux, the choir of forty voices presented a very pleasing appearance on the stage. Under the direction of Mrs. H. O. McCurry, with Mrs. Kenneth Meek at the piano, the musical numbers carefully selected and admirably executed, contributed in no small measure to the success of the evening.

Later a swimming party was held in the Chateau pool, followed by a reception in the Quebec Suite, at which the delegates were guests of the Ottawa graduate nurses.

At the final session held Saturday morning, Miss Christine Murray, instructor of nurses at the Ottawa Civic Hospital, gave a splendid comprehensive paper on "The Education of the Student Nurse." Asking the question whether or not our schools of nursing are to be factories for the production of skilled attendants, or educational centres for the production of young women of resourcefulness and initiative, Miss Murray said the answer rested with the training school. Miss Murray went on to outline the required curriculum recommended in the Survey of Nursing Education Report.

Summing up the various phases of the Survey which had been presented during the convention, Miss Jean I.

Gunn, Superintendent of Nurses, Toronto General Hospital, asked the question of her audience: "How long are we going to permit unrestricted production of nurses in the face of an overcrowded field?" Stating that practically everyone who has anything to sell requires a license, Miss Gunn said that early consideration should be given to the introduction into provincial legislation of a "practice act" which would license all who have nursing service to sell, who nurse "for hire," trained attendants and practical women as well as graduate nurses.

Miss Gunn submitted further that the high cost of illness and the inability of the average person to pay, foreshadowed some form of state medicine, group or hourly nursing as partial solutions.

Dr. Helen MacMurchy who was in the audience spoke briefly, congratulating the Registered Nurses Association of Ontario on the excellence of its convention programme, and stating that the Department of Pensions and National Health was deeply interested in the problems of nursing and in the Survey which had marked an era in the progress of nursing in Canada.

The remainder of the morning was occupied with the hearing of reports, the election of officers and unfinished business.

Officers of the Association remain the same as for last year: President, Miss Mary Millman, Toronto; first vice-president, Miss Marjorie Buck, Simcoe; second vice-president, Miss Priscilla Campbell, Chatham; secretary-treasurer, Miss Matilda Fitzgerald.

SASKATCHEWAN

One hundred and four nurses registered at the fifteenth annual meeting of the Saskatchewan Registered Nurses Association, which was held on March 31st and April 1st in Saskatoon. On the first day meetings were held in the Nurses' Home of St. Paul's Hospital and in the Nurses' Home of the City Hospital on the second.

The President, Miss Elizabeth Smith, of the Normal School, Moose Jaw, was in the chair. Thursday morning, March 31st, was given over to a business meeting. Discussion of the Survey of Nursing Education in Canada occupied three sessions, also following a largely attended banquet on Thursday evening, Dr. F. M. Quance, Dean of Education, University of Saskatchewan, gave an outline of the Survey. Dr. Quance explained his review was informative and not critical.

Miss E. Smith, president, introducing the Survey Report, was followed by speakers who presented Survey findings relative to (a) the Private Duty Nurse, (b) the Institutional Nurse, (c) the Public Health Nurse. Each of the presentations was followed by discussion. At a later session other angles of the Survey presented and discussed related to (a) the Training School, (b) the Curriculum, (c) Nurse Registries. During the first hour of the final session Miss R. M. Simpson dealt with the Recommendations of the Survey. Other nurses who participated in presenting and discussing the Survey were: Mrs. Pendleton, Miss Munro, Miss Amas, Miss Gruhlke, and Sister Quinneville, of Saskatoon; Miss E. E. Graham, Miss Lynch, Miss H. Smith, of Regina; Sister Raphael and Miss Last, of Moose Jaw; Miss Montgomery, of Prince Albert, and Miss Lewis, of Weyburn.

Sections: Miss G. M. Watson, chairman of the Nursing Education Section, explained the inactivity of the section had been due to awaiting release of the Survey Report. In view of anticipated recommendations, members of the section had decided to await the Report before making plans for a definite campaign in nurs-

ing education interests in Saskatchewan.

Mrs. E. M. Feeney, chairman of the Public Health Section, was unable to be present. Her report, read by Miss R. M. Simpson, gave an excellent summary of the vast amount of public health work accomplished in the province, showing that the present economic conditions only increased the duties of those in charge of this phase of nursing — among activities mentioned were: baby clinics, home nursing classes, the clothing relief, the providing of milk to children on relief, the various nursing services in public, high and vocational schools, the V.O.N. service and the Red Cross.

The chairman of the Private Duty Section, Miss Laura Wilson, of Moose Jaw, dealt particularly with the subject of unemployment, especially among members of the section. From questionnaires sent to several provincial centres it was concluded that the cause of unemployment aside from the financial depression, was due to too many student nurses being admitted to hospitals. The report included the suggestion that only general hospitals of over 125 beds be allowed to continue schools of nursing.

Scholarship award: A very pleasing feature of the dinner meeting was the announcement of the award of the scholarship for 1932. Miss Kathleen Rowlay, of Craik, Sask., was chosen from among thirteen candidates. Miss Rowlay, who trained as a teacher before entering the School of Nursing, Vancouver General Hospital, has been a member of the nursing service, Department of Public Health of Saskatchewan, for several years. The scholarship is $500.00 and entitles the holder to a year's study at a university in either public health nursing or teaching and administration in schools of nursing.

Conclusions reached: The members present went on record (a) as approving the suggestion that schools of nursing be conducted only in general hospitals of not less than 75 beds exclusive of cots and bassinettes, these hospitals to be properly equipped and staffed for the education of student nurses; (b) that hospitals be asked to employ more graduate nurses for general duty; (c) that all hospitals employ at least two duly qualified graduate nurses registered in the province, one of whom shall be the matron; (d) that an extension of the hourly nursing system be endorsed.

The meeting recorded a resolution expressing appreciation to Dr. G. M. Weir and members of the Joint Study Committee for the Survey Report.

Delegates appointed: Miss E. Smith, president, of Moose Jaw; Miss H. Smith, of Regina, and Miss M. Chisholm, of Saskatoon, were appointed to represent Saskatchewan at the Canadian Nurses Association General Meeting in Saint John.

Officers: President, Miss E. Smith (re-elected); first vice-president, Miss R. M. Simpson; second vice-president, Miss M. McGill; councillors: Sister Raphael and Miss G. M. Watson; secretary-treasurer and registrar, Miss E. E. Graham.

By courtesy of St. Paul's and the City Hospitals, the nurses were luncheon guests on Thursday and Friday respectively at these institutions. The annual meeting in 1933 will be held in Regina.

Employment for Nurses

MANITOBA

Organised effort to aid in relief of unemployment among nurses in Manitoba was begun early in 1931 when it was recognised there was lack of employment among members of the Manitoba Association of Registered Nurses, especially among those residing in Winnipeg. A committee of three members, appointed from the Board of Directors of the M.A.R.N., was delegated to inquire into the situation, then report and offer suggestions as to means for relief measures. Later the personnel of the committee was enlarged to include a representative from the three large hospitals in Winnipeg and the secretary of the M.A.R.N. As chairman, the latter was requested to investigate the circumstances of all nurses listed on the Central Registry and to write all hospitals with schools of nursing notifying them of the desire of the M.A.R.N. to help whenever the situation of distress among their graduates became more acute than these hospitals could relieve.

In January, 1932, the board of the M.A.R.N. voted the sum of $2,000.00 to be set aside for use in aiding nurses who should be engaged to give nursing care to critically ill patients who otherwise could not have that care. The co-operation of the hospitals was sought and the plan is being satisfactorily operated under the following regulations:

1. The secretary of the Association investigates the circumstances in every instance.

2. Aid is given to those members whose homes are not in the province of Manitoba and whose earnings are less than $20.00 per month.

3. Each approved case is given a certain number of days' work (up to but not exceeding $63.00)—confirmation of time given must be made in writing by the superintendent of nurses, after which a cheque is issued for the amount due.

4. Twenty-five per cent. of the total funds voted for relief purposes is set aside for the use of members non-resident in Winnipeg, if applied for before September, 1932. The remainder of the funds is allowed to provide employment for members resident in Winnipeg.

An encouraging feature is that the Unemployment Relief Committee reports, while hospitals in towns and rural districts admit a certain amount of hardship among nurses, there are few cases in such need as stipulated in the foregoing regulations.

The Alumnae Associations of the Winnipeg General Hospital and St. Boniface Hospital have been organised to aid their members. The former Alumnae created a fund to which graduates already employed contribute monthly. Within the past seven months fifty-one nurses have received remuneration for approximately 460 days' work. With few exceptions, the nurses have been appointed according to group nursing plan for ten days at a time. The arrangement has proved beneficial to critically ill patients who could not afford special nursing care, to the hospital and to the nurses. The hospital offers meals free or at a minimum cost to the nurses so engaged.

The Alumnae of St. Boniface Hospital created a fund into which graduates with permanent employment contribute monthly a percentage of salary; married members have contributed quite generously. The fund has been augmented by sums of money raised by personal effort of members. Where necessary, patients in public wards have been supplied with special nursing care, also, on recommendation of public health nurses, patients

in homes where special care was needed have been supplied with a nurse.

So far this Alumnae has been able to cope with distress among its members. For the future the Alumnae has assumed responsibility for cost of meals served to nurses employed at the hospital whose fees are met from this special fund.

NEW BRUNSWICK

Organised effort to relieve unemployment among nurses in New Brunswick has consisted in the Association of Registered Nurses sending a request to all hospitals, registries and organisations which employ nurses that as many as possible graduate nurses be employed; that nurses registered in the province be given preference and that in employing nurses who are married only those be considered who are entirely dependent on nursing for their living. A number of the hospitals while wishing to co-operate are prevented from doing so by the lack of funds. The Saint John General Hospital has added seven nurses to the permanent graduate staff, while an average of fifteen graduates are being employed monthly for general duty.

Numbers of private duty nurses residing in their homes have given their places on the registries to those living in lodgings and in greater need. While this measure has become effective through no organised plan it is proving beneficial and is worthy of record.

Book Reviews

Foods In Hea'th and Disease: by Lulu G. Graves; published by The Macmillan Company in Canada, Toronto. Price, $3.95.

The author states that she has written this book hoping it will prove helpful to the housewife, parent, business man or woman, doctor, nurse, dietitian and teacher of Home Economics, or in fact anyone who is intelligently concerned with his or her health and the means of conserving it.

It is obvious that a volume of this size designed to interest so many, must be too general and contain too much unnecessary detail, to be of value to nurses or dietitians or any professional group.

The bibliographies at the end of each chapter are very complete and greatly enhance its value as a reference book.

The first two chapters deal with the classification of food elements and the function of food and food factors in the body. These subjects are discussed briefly but clearly and concisely. The following eight chapters are filled with descriptions of vegetables, fruits, sugars, nuts, animal foods, fats, beverages and food accessories. Some of these are familiar, and well known; others are not. But it seems unnecessary to devote two pages to a discussion of the potato!

The chapter devoted to the preservation of foods is both interesting and instructive. It covers a subject on which very little information is available.

The nine chapters of the second section of the book are concerned with therapeutic diets. The author does not aim to discuss therapeutic diets in detail, as numerous books on this subject are available; her desire is to discuss briefly the diseases in which diet is a salient part of the treatment, giving the points which will enable the person without medical training to understand why the diets are prescribed.

For this reason the book is too elementary to be of much value to nurses, except from the point of view of the bibliographies. J. E. P.

The Social and Ethical Significance of Nursing: by Annie W. Goodrich, Dean, Yale University School of Nursing; published by The Macmillan Company in Canada, Toronto. Price, $3.95.

In this book which is a collection of addresses and papers delivered to various audiences over a period of twenty years, the reader is enabled to gain an appreciation of the aspirations and ideals of the leaders in the nursing profession, whose aim is to train the members of that profession in such a way that they shall become a vital force in the social and health movements of the times.

Coming to us from the pen of an author with the long and varied experience of Dean Goodrich, these addresses contain much that is of peculiar significance to Canadian nurses at the present time. Compare, for instance, such quotations as the following with some of the recommendations contained in the report of the Survey of Nursing Education in Canada:

"Never had a profession a greater opportunity for social service, but a great opportunity implies a heavy obligation. Young women desiring to become nurses must cease to feel that this is a vocation that can be taken up with the least possible output of time, education and money. Institutions must awaken to the fact that their obligation to the patients, the student nurse and the community, makes it impossible for them to carry the burden of the complete education of the nurse alone and they must be willing to tap other sources. . . . And the state should realise that it is expedient to provide opportunities for, and regulate the education of a body of workers that it employs so largely."

"The nurse plays no small part today in raising the standards of community health, but the value of her contribution would be immeasurably strengthened and widened through organisation that centralised the nursing service of the community and obtained state support of nursing education."

"We are, in truth, public servants, and the knowledge that we should bring to our service is too great, and our responsibility too wide, for us to longer allow the individual institution for the sick to determine what our professional preparation shall be."

The addresses are logically grouped under such topics as: The Nurse and Ethics; The Nurse and Education; The Nurse and the Hospital; The Nurse and the Community.

This book should be in the library of every school of nursing and should receive the thoughtful consideration of every nurse interested in the development of her profession.

M. S. F.

Principles and Practices in Public Health Nursing, including Cost Analysis 1932. Prepared by the National Organisation for Public Health Nursing. Published by the Macmillan Co., New York; 122 pages. Price, $1.75.

This is a handbook prepared by a committee of the National Organisation for Public Health Nursing, to be used in conjunction with two former publications of that organisation: the Board Members' Manual and the Manual of Public Health Nursing. The preparation of the handbook was undertaken by a committee including such well known authorities as Haven Emerson, M.D.; Mary S. Gardner, R.N., and Marguerite A. Wales, R.N. For assembling the content of Part 1, the reader is indebted to Ann Doyle, R.N.

The purport of the handbook is to assist those charged with the organisation, administration and supervision of public health nursing work, to determine (a) the accepted principles and practices in this field, (b) the cost of service if such standards are to be maintained.

Part 1 deals with the quality of approved public health nursing service. Twelve general principles are enunciated. Valuable chapters are devoted to the qualifications and salaries of professional personnel and to supervision, including the administrative and advisory types. Another outlines standards for an accepted educational programme with recommendations regarding pupil nurse affiliation. Consistent with the preventive point of view, a chapter is written on the health of the staff.

Part 2 gives consideration to methods for computing the cost of a visit. Its content has been determined by a recent study of a selected group of health organisations in the United States of America; their staffs varying from one to upwards of one hundred nurses. Certain general recommendations are made and a special computation considered. Forms for use in calculating such costs are shown. An appendix to Part 2 portrays selected tables, one of which indicates the percentage of field nurse's time spent in various activities.

Altogether the handbook offers a lucid, concise and analytical presentation of public health nursing principles and their application. The brevity of the book has necessitated a nice discrimination in the choice of material. Naturally the presentation is primarily that of problems as reflected in the United States although, in varying degrees, the content will prove applicable to other countries. The need of the book cannot be challenged and to those responsible for determining and guiding policies relating to standards and cost of service, its value is unquestioned.

F. H. M. E.

The Programme of the Biennial Meeting Canadian Nurses' Association

Saint John, New Brunswick, June 21-25, 1932

MONDAY, JUNE 20th

1.30 - 2.30 p.m. EXECUTIVE COMMITTEE MEETINGS: Nursing Education Section.
Private Duty Section.
Public Health Section.

2.30 - 5.00 p.m. EXECUTIVE COMMITTEE MEETING: Canadian Nurses' Association.

TUESDAY, JUNE 21st

Morning Session, 9.30 a.m.

8.30 - 9.30 a.m. Registration.

9.30-10.30 a.m. Call to Order.
INVOCATION: Rev. C. Gordon Lawrence, M.A., Rector of Trinity Church, Saint John, N.B.
Reading of Minutes of last Biennial Meeting.
Report of Honorary Secretary.
Report of Honorary Treasurer.
Report of Executive Secretary.
Report of Editor and Business Manager, "The Canadian Nurse".
Correspondence.

10.30-12.00 a.m. Reports of Standing Committees, with discussion:
1. Publications Committee—Miss Florence H. M. Emory.
2. Arrangements Committee—Miss Margaret Murdoch.
3. Programme Committee—Miss Florence H. M. Emory.

Presentation of Resolutions from Executive Committee and Provincial Associations.
Appointment of Resolutions Committee.
Appointment of Scrutineers, with instruction regarding ballots.
Appointment of Press Representatives.
Roll Call of Federated Associations.

Afternoon Session, 1.45 p.m.

1.45 - 3.15 p.m. Reports of Special Committees, with discussion:
1. Joint Study Committee, C.M.A. and C.N.A.— Miss Jean E. Browne.
2. History of Nursing—Miss E. Kathleen Russell.
3. Budget—Miss Ruby M. Simpson.
4. Completion of National Memorial—Miss Jean I. Gunn.
5. Red Cross Enrolment—Miss Jean E. Browne.
6. Registries—Miss Isobel MacIntosh.
7. Exchange of Nurses—Miss Jean E. Browne.
8. Crest—Miss Marjorie Dobie.
9. Membership Campaign—Miss Mary Millman.
10. Post-Convention Tours—Miss H. Dykeman.

3.15 - 3.35 p.m. Presidential Address--"Whither."

3.35-4.30 p.m. Provincial Reports, with discussion:
Alberta—Miss Eleanor McPhedran.
British Columbia—Miss M. P. Campbell.
Manitoba—Miss Jean Houston.
New Brunswick—Miss A. J. MacMaster.
Nova Scotia—Miss Margaret E. Mackenzie.
Ontario—Miss Mary Millman.
Prince Edward Island—Miss Lillian Pidgeon.
Quebec—Miss M. K. Holt.
Saskatchewan—Miss Elizabeth Smith.

Evening Session, 8.00 p.m.

8.00 p.m. OPEN MEETING. Chairman, Miss A. J. MacMaster, President, New Brunswick Association of Registered Nurses.
ADDRESSES OF WELCOME:
Hon. C. D. Richards, Premier of the Province of New Brunswick.
His Worship Mr. James W. Brittain, Mayor of Saint John.
J. Alex. M. Bell, M.D., President, New Brunswick Medical Society.
Miss A. J. MacMaster, President, New Brunswick Association of Registered Nurses.
RESPONSE to Addresses of Welcome—Miss Florence H. M. Emory, President, Canadian Nurses' Association.
ADDRESS: "The Public and the Survey Report"—The Hon. Vincent Massey, P.C., LL.D.

WEDNESDAY, JUNE 22nd

Morning Session, 9.30 a.m.

GENERAL SESSION—A Consideration of Selected Recommendations of the Survey Report.

GENERAL TOPIC: The Approved Training School.

9.30 - 9.50 a.m. Introduced by Miss E. Kathleen Russell, Director, Department of Public Health Nursing, University of Toronto, and Nurse Member of the Joint Study Committee, Survey of Nursing Education in Canada.

9.50-10.00 a.m. (1) "The Superintendent of Nurses and the Instructors, Nursing and Medical"—Miss M. K. Holt, Superintendent, School for Nurses, The Montreal General Hospital, Montreal, Que.

10.00-10.10 a.m. (2) "The Entrance Requirements"—Sister Ignatius, Superintendent, School for Nurses, Antigonish, N.S.

10.10-10.20 a.m. (3) "The Head Nurse: Hospital Facilities for Teaching; The Curriculum"—Miss G. L. Rowan, Superintendent, Grace Hospital, Toronto, Ont.

10.20-10.30 a.m. (4) "Concerning Registration Acts in Relation to the Training School"—Miss E. MacP. Dickson, Superintendent, School for Nurses, Toronto Hospital for Consumptives, Weston, Ont.

10.30-12.00 a.m. GENERAL DISCUSSION: Concluded by a general summary and the presentation of related resolutions by Miss E. Kathleen Russell.

Afternoon Session, 2.00 p.m.

GENERAL SESSION: A Consideration of Selected Recommendations of the Survey Report.

GENERAL TOPIC: "An Analysis of the Cost of Nursing Education".

Introduced by Miss Jean I. Gunn, Superintendent, School for Nurses, Toronto General Hospital, Toronto, and Nurse Member of the Joint Study Committee, Survey of Nursing Education in Canada.

2.20-2.30 p.m. 1. "The Cost of the Student Nurse to the Hospital"—Miss E. M. McKee, Superintendent, General Hospital, Brantford, Ont.

2.30-2.40 p.m. 2. "The Comparative Cost of the Student and the Graduate Nurse"—Miss G. M. Fairley, Superintendent, School for Nurses, Vancouver General Hospital, Vancouver, B.C.

2.40-2.50 p.m. 3. "The Budget System"—Miss M. F. Hersey, Superintendent, School for Nurses, Royal Victoria Hospital, Montreal, Que.

2.50-3.00 p.m. 4. "Financial Aid from Government for Nursing Education"—Miss E. Smith, Normal School, Moose Jaw, Sask.

3.00-4.30 p.m. GENERAL DISCUSSION—Concluded by a general summary and the presentation of related resolutions by Miss Jean I. Gunn.

Evening Session, 7.30 p.m.

7.30 p.m. DINNER.

ADDRESS: "The Scientist and the Survey Report"—Professor Roy Fraser, Mount Allison University, Sackville, N.B.

THURSDAY, JUNE 23rd

Morning Session, 9.30 a.m.

9.30-11.00 a.m. "The Canadian Nurse" and Related Matters.

1. Report of Committee appointed to study matters relating to the National Office and "The Canadian Nurse"—Miss M. F. Hersey.
2. A Consideration of the recommendations of the Executive Committee of the C.N.A. concerning:
   (a) Change of office of the C.N.A. from a Western to an Eastern centre.
   (b) The appointment of an Editor for "The Canadian Nurse".
   (c) Methods of Finance.

11.00-11.45 a.m. Affiliated Organisations:

1. The International Council of Nurses:
   (a) The appointment of four official representatives (with alternatives) to the Congress, 1933.
   (b) Plans for transportation with reports from provincial presidents concerning an approximate number who may attend the Congress.
2. The National Council of Women of Canada.
3. The Canadian Council on Child and Family Welfare.

11.45-12.00 a.m. NEW BUSINESS.

Afternoon Session, 2.00 p.m.

NURSING EDUCATION SECTION—Chairman, Miss Grace M. Fairley

2.00 - 3.15 p.m. Minutes of last meeting.
Chairman's Address.
Report of Secretary.
Report of Treasurer.
Correspondence.
Reports of Committees.

Reports of Provincial Committees on Nursing Education:
Alberta—Miss Edna Auger.
British Columbia—Miss Mabel F. Gray.
Manitoba—Miss Margaret S. Fraser.
New Brunswick—Sister Corinne Kerr.
Nova Scotia—Miss Elizabeth O. R. Browne.
Ontario—Miss Constance Brewster.
Prince Edward Island—Miss Anna Mair.
Quebec—Miss Flora A. George.
Saskatchewan—Miss Gertrude M. Watson.
Appointment of Resolutions Committee.
Appointment of Scrutineers.
Appointment of Standing Committee on Curriculum.

3.15-4.30 p.m. ROUND TABLE—Topic: "The Curriculum in Canadian Schools of Nursing, and Re-adjustment in the Educational Programme".
Introduced by the Convener of the Committee on Curriculum.
Speaker: Professor F. Clarke, McGill University, Montreal, Que.

PRIVATE DUTY NURSING SECTION—Chairman: Miss Isobel MacIntosh

2.00-4.00 p.m. GENERAL TOPIC: Meeting the Public Need in Service:
1. "The Intelligence and Education of the Nurse-in-Training"—Miss Sara Matheson, Montreal, Que.
2. "The Professional Growth of the Graduate Nurse"—Miss A. McQuhae, Toronto, Ont.
3. "Hourly and Group Nursing"—Miss E. Frank, Victoria, B.C.
4. "A Physician's Viewpoint"—Dr. S. R. D. Hewitt, Superintendent, Saint John General Hospital, Saint John, N.B.
Discussion led by Miss Agnes Jamieson, Montreal, Que.

PUBLIC HEALTH NURSING SECTION—Chairman, Miss Margaret Moag

2.00-3.15 p.m. Minutes of last meeting.
Chairman's Address.
Report of Secretary.
Report of Treasurer.
Correspondence.
Reports of Committees.
Reports of Provincial Committees on Public Health:
Alberta—Miss Blanche A. Emerson.
British Columbia—Miss Margaret Kerr.
Manitoba—Miss A. E. Wells.
New Brunswick—Miss H. S. Dykeman.
Nova Scotia—Miss A. Edith Fenton.
Ontario—Miss Clara Vale.
Prince Edward Island—Miss Mona Wilson.
Quebec—Miss Marion Nash.
Saskatchewan—Mrs. E. M. Feeney.
Appointment of Resolutions Committee.
Appointment of Scrutineers.

3.15-3.30 p.m. TOPIC: "Implications of the Survey to Public Health Nursing"—Miss Eunice Dyke, Director, Division of Public Health Nursing, Department of Public Health, Toronto, Ont.

3.30-4.30 p.m. General Discussion led by Miss E. L. Smellie, Chief Superintendent, Victorian Order of Nurses for Canada.

FRIDAY, JUNE 25th

Morning Session

NURSING EDUCATION SECTION—10.00 a.m.
Chairman, Miss Grace M. Fairley

10.00-12.00 a.m. ROUND TABLE—Topic: "A Discussion of the Survey Report from the Educational Angle, dealing with recommendations affecting Training Schools".
Discussion introduced by Miss Marion Lindeburgh, Assistant Director, School for Graduate Nurses, McGill University, Montreal, Que.
Election of Officers.
Unfinished business.

PUBLIC HEALTH NURSING SECTION—9.30 a.m.
Chairman, Miss Margaret Moag

9.30 - 9.45 a.m. "The Education of the Public Health Nurse"—Miss Margaret Kerr, Assistant Director, Department of Nursing, University of British Columbia, Vancouver, B.C.

9.45-10.00 a.m. "Supervision of Public Health Nursing"—Miss Marion Nash, Educational Director, Victorian Order of Nurses, Montreal, Que.

10.00-10.15 a.m. "Supply and Demand"—Miss Esther Beith, Director, Child Welfare Association, Montreal, Que.

10.15-12.30 p.m. General Discussion.

PRIVATE DUTY NURSING SECTION—9.30 a.m.
Chairman, Miss Isobel MacIntosh

9.30-10.30 a.m. Reading of minutes of last meeting.
Chairman's Address.
Report of Secretary.
Report of Treasurer.
Correspondence.
Appointment of Resolutions Committee.
Reports of Standing Committees, with discussion:
Exhibits—Miss Jean Davidson, Brantford, Ont.
Publications—Miss Clara Brown, Toronto, Ont.
Reports of Special Committees, with discussion:
Registries—Miss Isobel MacIntosh, Hamilton, Ont.
Constitution and By-laws—Miss Clara Brown, Toronto, Ont.
Business arising out of Minutes, Reports and Correspondence.

10.30-12.30 p.m. Reports from Private Duty Committees of Provincial Associations, with emphasis upon certain recommendations of the Survey Report:
Alberta—
British Columbia—Miss E. Franks.
Manitoba—Miss M. Lang.
New Brunswick—Miss M. MacMullen.
Nova Scotia—Miss J. Trivett.
Ontario—Miss C. Brown.
Prince Edward Island—Miss M. Lowther.
Quebec—Miss S. Matheson.
Saskatchewan—Miss L. B. Wilson.
A Summary of Provincial Reports—Miss Jean L. Church, Ottawa, Ont.
General Discussion—Introduced by Dr. Stewart Cameron, Chairman, Joint Study Committee, Survey of Nursing Education in Canada.
New Business.
Election of Officers.

Afternoon Session, 2.00 p.m.

GENERAL SESSION—A Consideration of Selected Recommendations of the Survey Report.

GENERAL TOPIC: "The Distribution of Nursing Services".

2.00-2.20 p.m. Introduced by Miss Jean E. Browne, Director of Junior Red Cross for Canada and Nurse Member of the Joint Study Committee, Survey of Nursing Education in Canada.

2.20-2.35 p.m. 1. "Supply and Demand":
(a) The unemployment of nurses.
(b) The reduction of the supply of nurses.
(c) Increase in demand for nurses.
—Miss K. W. Ellis, Superintendent of School for Nurses, Winnipeg General Hospital, Winnipeg, Man.

2.35-2.45 p.m. 2. "Socialized Nursing"—Miss Eleanor McPhedran, Superintendent of Nursing, Central Alberta Sanatorium, Calgary, Alta.

2.45-2.55 p.m. 3. "Dominion Bureau of Nursing, Provincial Councils and Provincial Boards of Control, District Registries"—Miss A. J. MacMaster, Superintendent School for Nursing, Moncton, N.B.

2.55-4.30 p.m. General Discussion—Concluded by a general summary and the presentation of related resolutions, by Miss Jean E. Browne.

Evening Session, 8.00 p.m.

OPEN MEETING

Chairman, Miss Florence H. M. Emory, President, Canadian Nurses' Association

8.00 p.m. ADDRESSES:
"The Medical and Nursing Professions and the Survey Report"—Dr. G. Stewart Cameron, Chairman, Joint Study Committee, Survey of Nursing Education in Canada.
"Life, Profession and School"—Professor F. Clarke, McGill University, Montreal, Que.

SATURDAY, JUNE 25th
Morning Session, 9.30 a.m.

9.30-10.15 a.m. Reports of Sections—Activities throughout the two-year period and findings of the sessions:
(a) Nursing Education—Miss Grace M. Fairley.
(b) Private Duty—Miss Isobel MacIntosh.
(c) Public Health—Miss Margaret Moag.
10.15-10.30 a.m. Report of Resolutions Committee.
10.30-11.30 a.m. Unfinished Business.
11.30-12.00 a.m. Election of Officers.
ADJOURNMENT.

SATURDAY, JUNE 25th

2.00 - 4.00 p.m. Meeting of Executive Committee, Canadian Nurses Association.

PROGRAMME OF ENTERTAINMENT

Tuesday, June 22nd

4.30 p.m. Afternoon Tea: Saint John Infirmary and Saint John Tuberculosis Hospital.

Wednesday, June 23rd

5.00 p.m. Afternoon Tea and Drive: Guests of the New Brunswick Department of Health.
7.30 p.m. Banquet.

Thursday, June 24th

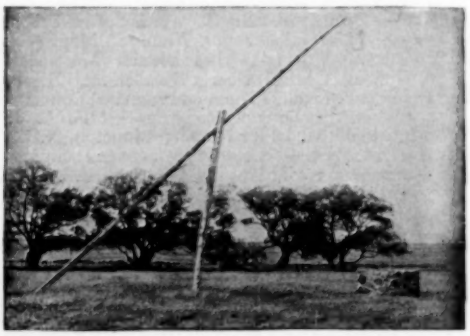
4.30 p.m. Sail on Saint John River with Beach Picnic: Guests of the New Brunswick Association of Registered Nurses.

Friday, June 25th

4.30 p.m. Afternoon Tea: Saint John General Hospital.

A perusal of the Programme for the General Meeting of the Canadian Nurses Association assures all who are arranging to attend that the members of the Programme Committee have planned with meticulous judgment for a week of concrete study of the Survey Report, as well as for discussion of the undertakings and problems which at present are the chief concern of the National Organisation. Don't forget the date —June 21-25, 1932—also that the management of the Admiral Beatty Hotel, convention headquarters, will appreciate early reservation for accommodation. Rates are: Single room, without bath, $3.00; double room, without bath, $5.00; single room, with bath, $4.00, $4.50, $5.00; double room, with bath, $6.00, $7.00, $8.00 and $9.00. Additional persons in room, separate bed, add $2.00.

In previous issues of *The Journal* there have been published several articles relative to the attractiveness of the Maritime Provinces for holidaying. Miss H. Dykeman, Health Centre, Saint John, N.B., as convener of Post Convention Tours Committee, will be pleased to supply more definite information to requests made directly to her.



Evangeline's Well at Grand Pre, N.S.

—Courtesy, Canadian Pacific Railway.

News Notes

BRITISH COLUMBIA

GENERAL HOSPITAL, VANCOUVER: At the monthly meeting of the Alumnae Association, by a majority vote the members decided that Orientals should be admitted to membership. Since no Orientals have been trained at the General Hospital, none are eligible for the alumnae, but if the time comes when Orientals are enrolled, they will be accepted as full members on graduation. Dr. H. E. Young, provincial health officer; Dr. A. K. Haywood, superintendent of the hospital, and Mr. J. G. Deildal, premier of the B.C. Older Boys' Parliament, all favoured the proposal to admit Orientals to training. The growing scope of public health nursing is creating a demand for Oriental nurses, Dr. Young said, but there are other considerations as well. "There was a time twenty years ago," he said, "when most of the Orientals in British Columbia were of the coolie class. Today it is different. Most of the Orientals in this province are keen and active business men, competing with us in the commercial world, and they demand equality in treatment." He also pointed out that Canada must trade with the Orient, and that British Columbia should maintain a friendly attitude to the people across the Pacific. "If we are going to build a real Canada, we must think nationally," Dr. Haywood said. The future of British Columbia depends largely on friendly relations with the Orient. Dr. Haywood pointed out also that language is a serious barrier to white nurses, who in the course of public health work might come into contact with Orientals. He declared that the General Hospital, by virtue of its size and standing, should set the example in the acceptance of Orientals for training. Mr. Dieldal explained that Orientals had been admitted to the Older Boys' Parliament and that this action had tended to break down prejudice.

The annual banquet of the Alumnae Association was held in the Georgian Club on February 16, 1932. Among the guests were: the Honorary President, Miss Grace Fairley; past and present presidents, Miss Joan Hardy and Mrs. Ernest Gillies; Mrs. Edwin Carder and Dr. and Mrs. W. B. Burnett. Regret was expressed for the absence of Miss Dean O'Connor, one of the first graduates, and Miss Helen Randal, Registrar for British Columbia. Dr. Burnett was the speaker of the evening. Bridge was enjoyed following the dinner, and over one hundred nurses were present. Much enjoyment was had by the presence of many of the graduates who are only met on an occasion of this kind.

The Alumnae were hostesses at tea following one of the afternoon meetings of the Refresher Course in Institutional Nursing held in February at the Vancouver General Hospital. Tea was served in the Hospital Auditorium. Miss Grace Fairley and Mrs. Ernest Gillies received the guests. Miss Clark, superintendent of Nursing at the Royal Columbian Hospital, New Westminster, B.C., and Miss Olive Shore, Training School Office, Vancouver General Hospital, presided at the tea table while other members assisted in serving. Many nurses from all parts of the province were present.

Miss Frances Newman (1924), formerly assistant night supervisor at the Vancouver General Hospital, who has been absent from the city for some time back is in Vancouver, and is now doing special nursing. Miss Ruth Swanson (1927), who has been on general duty in Sir Henry Gray's Private Hospital in Montreal, has also returned to Vancouver, and is at present visiting her family in Kimberly. Miss Margaret McPhee (1923), assistant superintendent at the Sir Henry Gray's Private Hospital in Montreal for the past three years, has returned to Vancouver, where her family resides, and is at present on the staff of the Vancouver General Hospital Out-Patients' Department Clinics.

JUBILEE HOSPITAL, VICTORIA: At the annual meeting of the Alumnae held on March 14th in the Nurses Home, the election of officers took place: Hon. Pres., Miss L. Mitchell; President, Miss E. Oliver; First Vice-President, Mrs. Chambers; Second Vice-President, Mrs. Carruthers; Secretary, Mrs. A. Dowell, 30 Howe St.; Assistant Secretary, Miss C. McKenzie; Treasurer, Miss E. Newman; Entertainment Committee, Miss I. Helgeson; Sick Nurses, Miss C. McKenzie; Bursary, Miss L. Mitchell and Mrs. Chambers. A donation of $50.00 was given to the Hospital Campaign Fund, and various means of raising money were discussed. The annual dinner is to be held as usual for the re-union of all Alumnae members and as a means of entertaining the Graduating Class. Several recent graduates have taken positions in the Country Hospital, Shanghai, China: Miss Green (1930) and Miss D. Cuff (1931) are already at work, while Miss D. Hicks (1931), Miss J. Pearse (1930) and Miss I. Beck (1930) left on March 28th for Shangahi.

MANITOBA

BRANDON: The regular meeting of the Brandon Graduate Nurses Association was held on April 4th at the Residence, General Hospital. The entire evening was devoted to business matters of the organisation. Officers were elected for the coming year, $36.00 was donated to welfare work, while the annual membership fee was reduced to $2.00.

WINNIPEG: The Public Health Section of the Manitoba Association of Registered Nurses has arranged a special series of lectures which are being given in the University of Manitoba on April 11th, 27th, and May 9th. On the two former dates the respective speakers were: Dr. H. E. Popham

on Some Disorders of Infants, and Dr. L. Arthur on Preventive Obstetrics. Dr. H. M. Speechly's subject for May 9th is What Shall We Teach the Preadolescent? All graduate nurses and members of graduating classes are invited to attend.

The many friends of Miss Mildred Reid, Winnipeg General Hospital School of Nursing, 1924, and School for Graduate Nurses, McGill University, are pleased to learn of her convalescence following a critical illness. Miss Reid is at present a member of the staff at the Provincial Bacteriological Laboratory, where her duties in part are demonstrating bacteriology to the students of the Medical College. She also teaches the same subject to the students of the School of Nursing, Winnipeg General Hospital.

NEW BRUNSWICK

ST. STEPHEN: A well-attended meeting of the local chapter N.B.A.R.N. was held in Calais, Maine, Miss Bertha Gregory and Miss Edna Cochrane being hostesses. The routine business being transacted, a delightful social hour followed. Miss Maida Baskin is recovering from a surgical operation. A profitable food sale was held by the members of the Alumnae recently. Sympathy is extended to Miss Irene Sherrard in the death of her sister.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in April, 1932, were 910, fifty more than in March, 1932.

DISTRICT 1

WINDSOR: The Essex County Registered Nurses Association held a very delightful bridge party on April 4th at the Prince Edward Hotel. A large number were present and the evening a most successful one. The arrangements were convened by Miss Florence Shanahan and Miss Ann Harvey, and Miss Flossie Greenway was in charge of the musical programme. Proceeds are being used for charitable purposes.

Miss Zae Londeau, who attended the Registered Nurses Association of Ontario Convention, held in Ottawa, March 31st, April 1st and 2nd, as a delegate from Hotel Dieu Alumnae Association, brought back a very favourable report to be read at the next meeting of the Alumnae.

Rev. Mother Gauvin and Rev. Sister Theresa of Hotel Dieu Hospital attended the Conference of the Catholic Hospital Association held in Ottawa recently.

DISTRICT 2

BRANTFORD: Miss Jessie M. Wilson, Chairman, District No. 2 and No. 3, Registered Nurses Association of Ontario, was in Ottawa for the annual meeting of the Association. Miss Margaret Jamieson, Brantford, has accepted the position of superintendent at the Brampton Hospital. Mrs. F. McLean (Edna Clarke, Brantford General Hospital, 1926), Brampton, Ont., has been a patient in the Brantford General Hospital for several weeks. She expects to return to her home shortly. Miss M. K. Griffiths and Miss Quillie were joint hostesses on April 4th to the Florence Nightingale Club. Mrs. J. N. Mitchell presided over the business meeting. Minutes of the previous meeting were read by Miss T. Dawson. Dr. Elizabeth Kitley, Department of Health, Ontario, has been in Brantford for some time. Miss Eleanor Wheeler and Miss Edna Squires, of the Department of Health, Ontario, are in Brantford in connection with the survey of Public Health being carried on throughout the Province. Dr. J. F. Phair, Chief of the Division of Child Welfare, Province of Ontario, was a recent visitor.

GENERAL HOSPITAL, GUELPH: The Alumnae Association entertained at a bridge, Thursday, March 17, 1932, for Miss Ashplant and Miss McQueen, the Victorian Order nurses who have recently taken charge of the Guelph District. Mrs. George Black, of Montreal, was a recent visitor in the city. Miss M. Bliss attended the Registered Nurses Association of Ontario meeting held in Ottawa recently.

SIMCOE: Miss M. Buck, Vice-President, Registered Nurses Association of Ontario, was a guest at the Chateau Laurier, Ottawa, attending the annual meeting of the Association. Miss Florence Guenther, Norfolk County Hospital, also attended the annual meeting of the R.N.A.O.

DISTRICT 4

HAMILTON: Dr. Alan Brown, well-known pediatritian of Toronto, was the guest speaker at a dinner held at the Scottish Rites Temple by the Child Welfare Division of the Public Health Department. Dr. Brown gave an extremely interesting and informative address on "Diseases of Children," confining his remarks to the preventable aspect of the subject, and the latest methods being used in waging war on the many illnesses which are classed amongst Preventable Diseases. Dr. O. A. Cannon presided.

The Alumnae Association of the Hamilton General Hospital, together with the many friends of Miss E. Rayside, Superintendent of Nurses, are delighted to welcome her back to her post of duty following her recent long illness.

DISTRICT 5

WOMEN'S COLLEGE HOSPITAL, TORONTO: The monthly meeting of the Alumnae met at 74 Grenville St. on March 14th. Owing to the unavoidable absence of the President, Miss Eleanor Clarke, the Second Vice-President, was in the chair. After the usual business a very interesting report was read from the Hoiryung Public Health Centre, Hoiryung, Korea, which Miss Jessie Whitlaw (1926) superintends. The report gives accounts of well-baby clinics, also pre-natal and post-natal work, mothers' club and home economics, which includes the teaching of caloric values, bread and cookie making, also physical instruction and health talks to girls, boys, and members of the Women's Bible

Institute. Aid is also given in religious teaching. Their newest venture is the medical social evangelism through the country; this reaches the pre-school children. They also teach modern agriculture. Their entire staff is composed of six workers, and in the dispensary 5,728 treatments have been given. Miss Roberts (1924) gave a very interesting and instructive talk on the Maternal Care Institute lectures held at the Toronto General Hospital for the Public Health Section of District 5. Miss Roberts referred especially to Professor Hendrie's most explicit and instructive answers which he so kindly gave to the numerous questions. Members of the Alumnae were very pleased to receive word from Miss Alberta Jennings, who arrived in Santos, South America, on March 5th, and was starting on a 1,000-mile motor trip to the Brazilian interior to carry on her profession along with missionary service.

General Hospital, Toronto: The Alumnae held a general meeting in the Residence on April 6th, which a large number of members attended. It was decided to give a scholarship for $400.00 to an alumnae member for a year's post-graduate work in Nursing in a Canadian university. Miss Dix reported that 415 members had applied for insurance in the Group Insurance plan. All who propose to apply for this insurance must do so before May 1st and must be a paid-up member of the Alumnae. Miss Moburn was nominated as Convener of a committee on the entertainment of the graduating class. Miss Strachan gave a most interesting report of the R.N.A.O. convention held in Ottawa recently. Miss Gunn presented a very analytical report on the findings of the Survey compiled by Dr. Weir. After a very comprehensive resume of the Report a direct appeal was made to alumnae members to study thoroughly the problems presented and as a result the executive was empowered to appoint a special study committee. Miss Manning presided at the meeting. Miss Eugenie Stewart demonstrated the use of the "Lister Spray" as a disinfecting appliance as used by Lord Lister in the 19th century. Miss Locke and Miss Kelley presided at the tables at the reception which followed the meeting.

Rev. and Mrs. Batstone (Constance Parry, 1923) sailed on April 9th on the "Empress of Japan" for China. Mr. and Mrs. Batstone had a sixteen months' furlough owing to unsettled conditions in Shanghai. They hope to resume their work in and around that city. Mrs. Batstone's address is c/o China Inland Mission, Shanghai, China.

Miss Emma Graham (1924) has been appointed Public Health Nurse for Richmond Hill, Ont. Miss Jean L. Cormack (1926) has accepted a position as Supervisor of the Medical and Surgical Floor of the Lutheran Hospital at Fort Dodge, Ia. Miss Helen Sims and Miss Jean Connell (1928) are doing private duty in Bermuda. Miss Hilda MacLennan (1928) has just returned from a trip to Jamaica. Miss Edna Moore has been appointed Chief Public Health Nurse of the Division of Child Hygiene and Public Health Nursing for Ontario. Miss Moore's headquarters are at the Parliament Buildings, Toronto. Miss Viola Cardwell (1921), Miss Mae Cardwell (1927), and Miss Aubra Cleaner (1924), are enrolled in the Teaching and Administration Course for Nurses, and Miss Bessie Skinner (1929), Miss Helen Russell (1930), and Miss Dorothy Pinchin (1930), are taking the Course in Public Health Nursing at the University of Toronto. Miss Marjorie Shields (1930) has recently opened the Marjorie Jane Hosiery Shop at 207 Elizabeth St., Toronto, Ont. Miss Dorothy Riddell (1931) is teaching school on St. Joseph's Island. Miss Katherine Elliott (1924) left recently on a Mediterranean Cruise. Miss Esther Strachan, Miss Anetta Landon and Miss Eugenie Stewart, all of the staff of the Toronto General Hospital, attended the provinical annual meeting held at Ottawa recently.

Staff Meetings: In October, 1931, the Staff Nurses of the School for Nurses, Toronto General Hospital, organised a Study Group for the year. The excellent attendance and enthusiasm of the nurses indicate that this enterprise has been greatly appreciated. Mrs. Ann Anderson Perry, a lecturer on Current Events, was engaged and consented to give her talks at the Residence, which was a great convenience to the nurses. Mrs. Perry's information on events of both world and local interest in a remarkably comprehensive way, was tinged very often with a subtle and delightful humor. Miss Isabel Lawrence, of "The Saturday Night," for one evening fascinated the nurses by her talk on "Books of the Year". Needless to say, this profitable and delightful programme was made possible by the personal interest of Miss Gunn. In addition to the Study Group, Staff Meetings from November until April took a most interesting and refreshing form. Under the convenership of Miss Gunn the following programme was presented:

"The Financial Administration of the Hospital"—Mr. R. W. Longmore, Chief Accountant.

"Rudimentary Business Law and Its Application"—Miss Edith MacP. Dickson, Chairman, Council of Nursing Education, Department of Health, Ontario.

"Recent Developments in Communicable Diseases"—N. E. McKinnon, M.B., Associate Professor of Physiology, University of Toronto.

"The Relation between Curative and Preventive Medicine"—J. G. Fitzgerald, M.D., Director, School of Hygiene and Connaught Laboratories, University of Toronto.

"Recent Developments in Medicine"—Duncan Graham, M.B., Professor of Medicine, University of Toronto.

"The Toronto General Hospital Recent Developments in Special Departments."

On three evenings the Report of the Survey of Nursing Education in Canada was studied.

QUEBEC

CHILDREN'S MEMORIAL HOSPITAL, MONTREAL: The monthly meeting of the Alumnae Association was held on Monday, March 14th. Miss Frances Eaton, Registrar, Montreal Graduate Nurses Association, gave an interesting and instructive talk on "The Significance of Registration". Refreshments were served.

WESTERN HOSPITAL, MONTREAL: At the February meeting of the Alumnae, Dr. A. D. Campbell gave a most interesting and instructive lecture to the nurses, which was illustrated with lantern slides. Miss Violet Cross delighted all with her vocal selections, and a social half-hour was spent afterwards. Much sympathy is extended to Mrs. Howard Clouston, of Huntingdon, P.Q. (Margaret McRae, 1914), on account of the death of her father, which occurred recently at the Civic Hospital, Ottawa. Alumnae members are pleased to hear that Miss Alice Reinhardt has recovered from a serious operation performed at the Toronto General Hospital. Mr. and Mrs. P. G. Robertson (Christine Rowley, 1917), of Montreal West are leaving, shortly for Toronto, where they will reside. Mrs. Lewis Smith (Ruby Tessier, 1916), of Lower Coverdale, N.B., is visiting her sister, Mrs. C. T. Crowdy, Montreal West. Miss Ruth Leavitt (1918), who has been nursing in the State of New York for some time, is spending the spring months in California with her mother.

ROYAL VICTORIA HOSPITAL, MONTREAL: The annual dinner given by the Alumnae Association in honour of the graduating class was held on March 29th in the Ritz-Carlton Hotel. There were 200 guests present. The tables were decorated with daffodils and purple iris. There was much enthusiasm when the names of those who had led the Class of 1932 were announced. These were: Best practical work, 1st Division, Miss Grace Fowler, of Brown's Flat, N.B.; Best practical work, 2nd Division, Miss Marjorie Evans, of Saint John, N.B.; Highest standing in class work, 1st Division, Miss Constance Moule, Montreal, Que.; Highest standing in class work, 2nd Division, Miss Dorothy Riches, of Saskatoon, Sask. The toast to the King was proposed by Miss Gertrude Godwin, who presided. Miss Eileen Flanagan proposed the toast to the Governors, and the toast to "Our Guests" was proposed by Mrs. M. A. Stanley. Miss Dorothy Riches proposed the toast to the Doctors, and Miss Sara Matheson "Our Absent Friends".

JEFFREY HALE'S HOSPITAL, QUEBEC: Miss E. A. Armour (1921), Lady Superintendent of Jeffrey Hale's Hospital, is enjoying a trip to Jamaica, British West Indies. Miss Marjory Semple and Miss Sarah McKeage left for South Africa, September, 1931, to do duty in a government hospital; later they will proceed to India to duty there in another government hospital. Miss S. Margaret Jamieson (1921) has resigned her position as Lady Superintendent of the Galt General Hospital, Galt, Ont., and has been appointed superintendent of the Brampton Hospital. Miss Muriel Fischer has been appointed corresponding secretary instead of Miss Douglas Jackson for the Jeffrey Hale's Hospital Alumnae Association.

VICTORIAN ORDER OF NURSES FOR CANADA

Districts 1 and 8, Registered Nurses Association of Ontario, have requested the National Office of the Victorian Order to conduct Maternal Care Institutes such as the three which have already been held in Toronto under the leadership of Miss Ethel Cryderman, Ontario Supervisor. New Brunswick and Nova Scotia are also asking for Institutes which will probably take place in the fall.

The Victorian Order of Nurses for Canada arranged a demonstration, given by Miss Muriel Winter, Toronto Branch, at the district meeting of the Ontario Medical Association held at Midland on April 13th.

TORONTO: Miss Marcele Smith, lately of Brampton and Burnaby (B.C.) branches, who has completed the four-months' course at the Canadian Mothercraft Centre, Toronto, has returned to the Order and is now attached to the Toronto Branch. Miss Elsie Keith, a graduate in Public Health Nursing, University of Toronto, 1931, has been taken on the local staff of the Order. Miss Thora Hawkes attended the annual meeting of the R.N.A.O. at Ottawa as delegate of the Women's College Hospital, Toronto.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

ARENS—In March, 1932, at Toronto, to Mr. and Mrs. Edward Arens (Frances Webster, Toronto General Hospital, 1925), a son.

BINET—On December 15, 1931, to Dr. and Mrs. Binet (Mae Silas, Jeffrey Hale's Hospital, Quebec, 1930), a daughter.

CARSON—Recently, at London, Ont., to Mr. and Mrs. Frank Carson (Doris Abbott, St. Luke's Hospital, Ottawa), a son.

CROSBY—In February, 1932, at Toronto, to Mr. and Mrs. Edward Crosby (Lorene Lowrie, Toronto General Hospital, 1922), a daughter.

DUNNETT—On December 18, 1931, to Dr. and Mrs. Dunnett (Edith Maybee, Wellesley Hospital, Toronto, 1925), of Brighton, Ont., a son.

GLEDHILL — On January 30, 1932, at Toronto, to Mr. and Mrs. T. L. Gledhill (Helen Blair, Toronto General Hospital, 1921), twin daughters; 207 Glencairn Ave., Toronto, Ont.

GRAHAM—On March 26, at Ottawa, Ont., to Mr. and Mrs. C. C. P. Graham (Amy Chase, Ottawa Civic Hospital, 1927) a son.

IBBOTT—On February 13, 1932, at St. Stephen, N.B., to Rev. J. T. and Mrs. Ibbott (Lillian Shand, Saint John General Hospital, 1920), a son—James Donald Shand.

KINSMAN—On February 6, 1932, to Dr. and Mrs. Kinsman (K. MacNeil, Wellesley Hospital, Toronto, 1926), of South Porcupine, Ont., a daughter.

MITCHELL—On December 10, 1931, to Mr. and Mrs. J. Mitchell (F. Saddington, Wellesley Hospital, Toronto, 1929), a son—James David.

McGOWAN—In January, 1932, to Mr. and Mrs. McGowan (Lorna Weatherlie, Jeffrey Hale's Hospital, Quebec, 1929), a daughter.

POOLE—Recently, at Fredericton, N.B., to Mr. and Mrs. W. J. Poole (Mary Robinson, Children's Memorial Hospital, 1930), a son.

STOCKLEY—In December, 1931, at Seanfee, China, to Mr. and Mrs. Hanley Stockley (Jean Menzies, Toronto General Hospital, 1922), a son.

TANTON—In February, 1932, at Sundridge, Ont., to Mr. and Mrs. Charles Tanton (Myrtle Scott, Women's College Hospital, Toronto, 1924), a son.

WEBBER—On January 20, 1932, at Toronto, to Mr. and Mrs. P. Webber (Edith Ross, Toronto General Hospital, 1923), a daughter, Frances Anne.

MARRIAGES

BISSETT—WILSON—In January, 1932, Frances Wilson (Jeffrey Hale's Hospital, Quebec, 1929), to Mr. Bissett, of Montreal, Que.

HIPPISLEY — DUFFIELD — Recently, Helen Duffield (Vancouver General Hospital, 1931), to Mr. Wilfred Hippisley. They left for Ireland and England via the Panama and will return to Canada in July to reside in Ladner, B.C.

McKAY—ESSELMONT — On March 5, 1932, at Toronto, Ont., Annie Mary Esselmont, of Holly Lodge, Vancouver, to Donald Elliott McKay, of Fort William, Ont.

RAMSBOTTOM — WATSON — On March 20, 1932, at Windsor, Ont., Buelah Watson (Hotel Dieu Hospital, Windsor, 1927) to Harry Ramsbottom, of Windsor, Ont.

SHARP—GRANGER—On March 5, 1932, at Grimsby, Ont., Velma Granger (Hamilton General Hospital, 1930), to Dr. John Sharp, Toronto, Ont.

TAYLOR—WILKINS — On March 24, 1932, in Toronto, Mary Wilkins (Wellesley Hospital, Toronto, 1921), to C. Taylor, of Toronto, Ont.

WALLIS—PATERSON — On January 20, 1932, at Vancouver, B.C., Jean Paterson (Royal Jubilee Hospital, Victoria, 1927), to Major P. R. M. Wallis. At home, Shanghai, China.

DEATHS

DENNY—On March 27, 1932, at Kingston, Ont., Mrs. D'Esterre (Lois Denny, Toronto General Hospital, 1924).

DUNNETT—On January 4, 1932, infant son of Dr. and Mrs. Dunnett (Edith Maybee, Wellesley Hospital, Toronto, 1925), Brighton, Ont.

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Regular Meeting—First Thursday of each month.

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(Incorporated 1918)

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Meetings will be held the second Tuesday in each month at 8 p.m. in the Assembly Room, Nurses Residence, Toronto Western Hospital.

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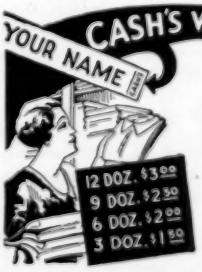

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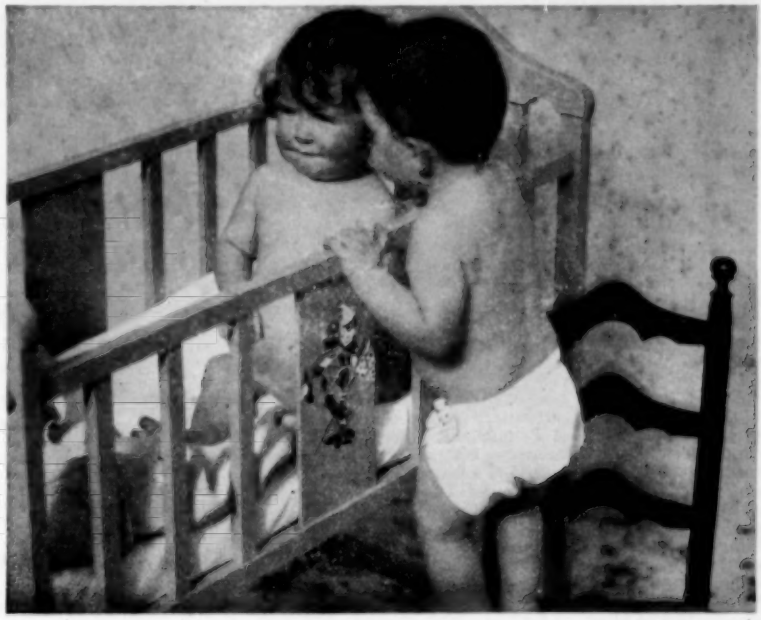

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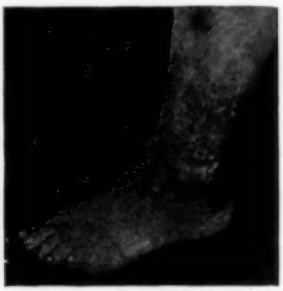

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